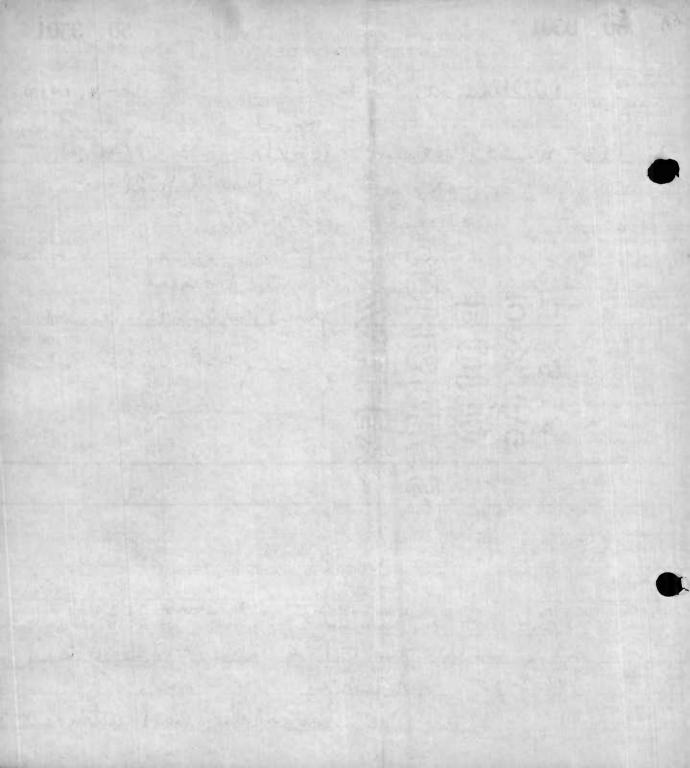
4-635 9501

50 0504

BALTIMORE CITY HE	
BIRTH NO. CERTIFICATI	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print)	ens 2. DATE OF DEATH Nov 4, 1950
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C, CITY OR TOWN (If outside corporate limits, write RURAL and give
INSTITUTION 1235 Pariel Hill and	Bolto (in outside corporate initis, write KOKAL and give township)
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Days	1235 Druid Hillard
WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (in years) If Under 1 Year Inder 24 Hours Min.  4. AGE (in years) Months Days Hours Min.
10A. USUAL OCCUPATION (Givekinder 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
ork dooe during most of working life, even if retired)  April 1	WHAI COUNTRY?
13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   18. SOCIAL	anne Douglas
Yes, oo or unkoown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT
18. 00 2 × , CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,	many blowland 6 hat
injury or complication which caused death.) OUE TO	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO	
UNDERLYING CONDITION LAST.	
11	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	RATION   20. AUTOPSY?
9	YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from	
deceased alive on , 1950, and that death occur	rred at 2 Pr. m., from the causes and on the date stated above
William H Wett M. O.	1154 hereto ~ 11/6/10
THON, REMOVAL (Specify)	RY OR CREMATORY 240. LOCATION (City, town, or county) (State)
Burney 11-1-50 motilier	28 FUNERAL DIRECTOR ADDRESS
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	A Sallar A
MIN P = 12/10 1 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	Joseph (303) relationay to

VS 150

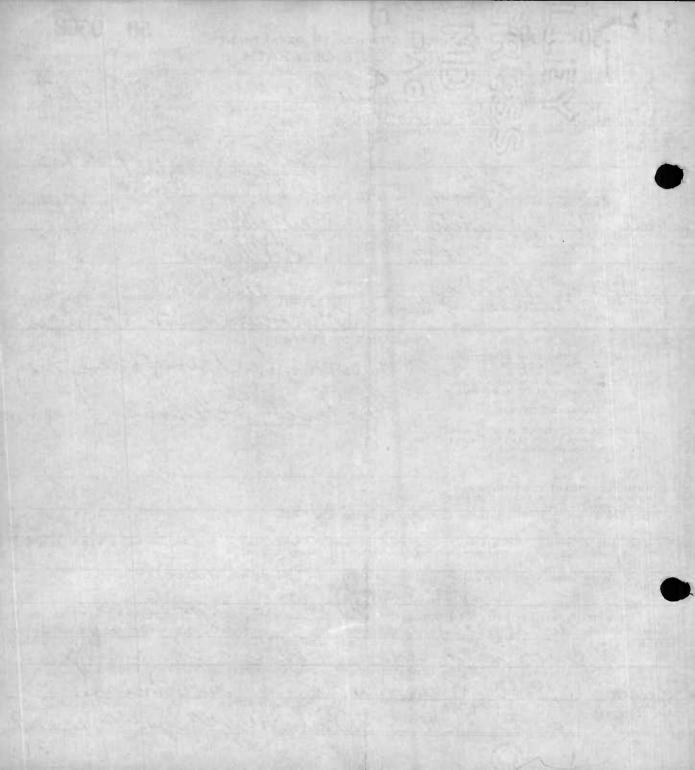
77074



W-656 9502 BALTIMORE CITY HEALTH DEPARTMENT

50 9502 Registered No.

BI	RTH NO.										
1. (T	NAME OF DECEAS ype or Print)	seogna	ry C.	Wes	hrht	chn		2. DATE OF DEATH	gur.	5/50	
	Baltimore City,	Maryland	0/6091	Ralwa	rthe	A. STATE	IDENCE (Whe	re deceased B. COU		tution : reside hefore adm	
	FULL NAME OF OSPITAL OR	(If not in hospit	al or institution	n, give street	address or	C. CITY_OR TO	(If on	teido corrur	ata limitu u	nte RURAL a	and colors
	ISTITUTION					Mall	Time	l	ate mintes, wi		vnship)
-			01		Yrs.	D. STREET ADI	ORESS (L) rui	ral, give log	tjen /	Front Continue	<u> </u>
c.	Length of stay in	Baltimore	Like		Mos. Days	1609	Cally.	mth	(Rol.		
5	SEX 6.CC	LOR OR RACE		MARRIED, D,DIVORCE		8. DATE OF BIT	RTH	AGE (In	ears I Under		24 Hours
4	emall 6	$\mathcal{U}$ .		lower	(Specify)	Fel.	11876	Task pitch	Z months	Days Hours	Min.
10	A. USUAL OCCUPA done during most of working	TION (Give kind of		F BUSINES	S OR IDUSTRY	II. BIRTHPLAC	ElState or fore	ign country)	12.	CITIZEN OF	
		,	1 m	me		(Ba	llunu	rel.		WIINI COO	
13	FATHER'S NAME	00	-			14. MOTHER'S	MAIDEN NAM	E .			
	Da	work	much	4			Mull	en			
15 (Ye	. WAS DECEASED EVE	R IN U.S. ADME! yes, give war or date	D FORCES?	SECURI	TY NO.	17. INFORMAN	7	10.1	ADDE	ESS 16	58
			1		F	Mrs. H	oward	64	· Ma	lust	licke
	18. 422.1	Darra de la		C	AUSE C	F DEATH	, , ,	1		INTERVAL BE	
		CONDITION			7.		1. 1.1	1 1 111	11-	100	1
	(This does not r heart failure, ast	mean the mode of	of dying, e.g.,	(A)	rugi	oura	nus []	1	perces	Eg 10	lag
	injury or comp			DUE TO		-1		111		/	0
	ANTE	CEDENT CAUS	SES		an	lonio	-201	ow.	e is	1010	
0	DISEASES OR	CONDITIONS,	IF ANY, GIVING	(B)	w					7	9
AT	RISE TO THE AE	CONDITION L	STATING THE	OUE TO							
2											
E	OTHER SIGNII	II COND	ITIONS CON	(C)		•					
F	TRIBUTING TO T	THE OEATH, BUT	NOT RELATED								
	19A. DATE OF OP		198. MAJOR F		OF OPERA	TION				20. AUTOF	SY?
AL		0								YES	NO E
20	21A. ACCIDENT, S HOMICIDE (Sp			E OF INJUE				in Baltimor	e City, give	exact locatio	n)
ME											
1	10. TIME (Month	(Day) (Year)		IE. INJURY	OCCURRE	D   21F. HOW I	DID INJURY (	OCCUR?			
				VORK	AT WORK	116	- 14		1 62 3		
	22. I hereby cer					724 019		02-39		hat I last so	
	deceased alive o	n Mor As	4. 1950. ar	nd that dea		ed at ABB. ADDRESS	m., from the	causes ar		ate stated	
	23A. SIGNATURE	luch	Bu	en	м. D.	IW.	Over	lea	lan	11/6/5	U
2.4 TI	4A. BURIAL. CREMA	248. DATE	17. 24	C. NAME OF	CEMETER	Y OR CREMATO	RY 240, LOC	CATION (CI	ty, town, or o	coupty) (	State)
_	Burial	111/8/3	0 (	10al	limi	nl DE ENVENIE	120	ell	nucl	C A	100
	ATE RECEIVED BY	1 - 2 1 1 2	'S SIGNATUR	/ / / / /	At You	25. FUNERAL I	X OB LA	110	1 (0	DRESS 2	124
IV	6 - 1950	0,500	- 0 0 0 0 0 0 0 0	A PUBLISHED )	11/2 1	Theup	remo	Jum	a Ur	Klaws	21
	VS 150					V	/	/		9	1



gth of stay in Baltimore

10A. USUAL OCCUPATION (Give kind of

work done during most of working life, even if retired)

6. COLOR OR RACE

Colored

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE

LTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	Registered No. 950				
HAWKINS	2. DATE OF November	3,	1950		

(1) pe of 11mo,	DEODIE	TILLY	ZIND	DEATH	1 ), 1770
a. Baltimore Cit	y, Maryland Balto. C	1 ty	A. STATE Maryland	(Where deceased lived, If ins	stitution: residence before admission)
HOSPITAL OR INSTITUTION	University Hospit	al (DOA)	C. CITY OR TOWN	(If outside corporate limits, v	write RURAL and give township)

(DUA) Baltimore

Yrs.

D. STREET ADDRESS (If rural, give location) 681 W. Mulberry Street

Unkown

Mog Days 8. DATE OF BIRTH 9. AGE (In years last hirthday)

7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) Single 10B, KIND OF BUSINESS OR

INDUSTRY

Sent. 19, 1901

Home

14. MOTHER'S MAIDEN NAME

17. INFORMANT

(A) Hypertensive cardiovascular disease

11. BIRTHPLACE (State or foreign country) Baltimore Maryland

12. CITIZEN OF WHAT COUNTRY

20. AUTOPSY

YES A

Months: Days Hours: Min.

Unkown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) (Yes, no or unknown) No

13, FATHER'S NAME

Female

Domestic

5. SEX

ERTIFICATION

ū

EDICAL

16. SOCIAL SECURITY NO.

DUE TO

CAUSE OF DEATH

Frank Grady 68I W. Mulbery St INTERVAL BETWEEN DNSET AND DEATH

ADDRESS

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES

UNDERLYING CONDITION LAST.

REGISTRAR'S SIGNATURE

Life

Chronic pyelonephritis DUE TO (C) .....

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

> WHILE AT WORK

TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION

21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21F. HOW DID INJURY OCCUR?

218. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIBabout home, farm, factory, street, office bldg., etc.) UTING [] CAUSE OF DEATH.

2 D. TIME (Month) (Day) (Year) (Hour)

19A. DATE OF OPERATION

21E. INJURY OCCURRED

AT WORK

Autopsv thereon and from

MEDICAL INVESTIGATOR 24C, NAME OF CEMETERY DR CREMATORY | 24D, LOCATION (City, town, or county)

22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes  $\mathbb X$ , accident  $\square$ , suicide  $\square$ , homicide  $\square$ , undetermined  $\square$ . 23c. DATE SIGNED 23B. CHIEF MEDICAL EXAMINER .... 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER .... 11-3-50

Cem

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. DATE Burial

FUNERAL DIRECTOR

V S 151

DATE RECEIVED BY

LOCAL REGISTRAR

7208A

50 9504 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2, DATE (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution; residence B. COUNTY A. Baltimore City, Maryland A. STATE before admission) (If not in hospital or institution, give street address or HOSPITAL OR location) Ilf outside corporate limits, writ C. CITY, OR TOWN INSTITUTION township) Alf rural, give logation) Yrs. D. STREET ADDRESS Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE MARRIED, WIDOWED DIVORCED (Specify) If Under 1 Year AGE (In year) last birthday) Months Days Hours Min. emas 10A. USUAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yer, no or unknown) (If yee, give war or dates of service) SECURITY NO INTERVAL BETWEEN ONSET AND OEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION

21A. ACCIDENT, SUICIDE. 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID

O. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

INJURY

7-2 22. I hereby certify that I attended the deceased from.

, 195 D, and that death occurred at 75 deceased alive on 11 - 3 23A. SIGNATURE

24A. BURIAL, CREMA-24B. DATE

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

about bome, farm, factory, street, office bldg., etc.)

23B, ADDRESS

INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

19 1. to\_

m., from the causes and on the date stated above. 23c. DATE SIGNED

-3 - , 1950, that I last saw the

20. AUTOPSY

YES

24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county)

ADDRESS

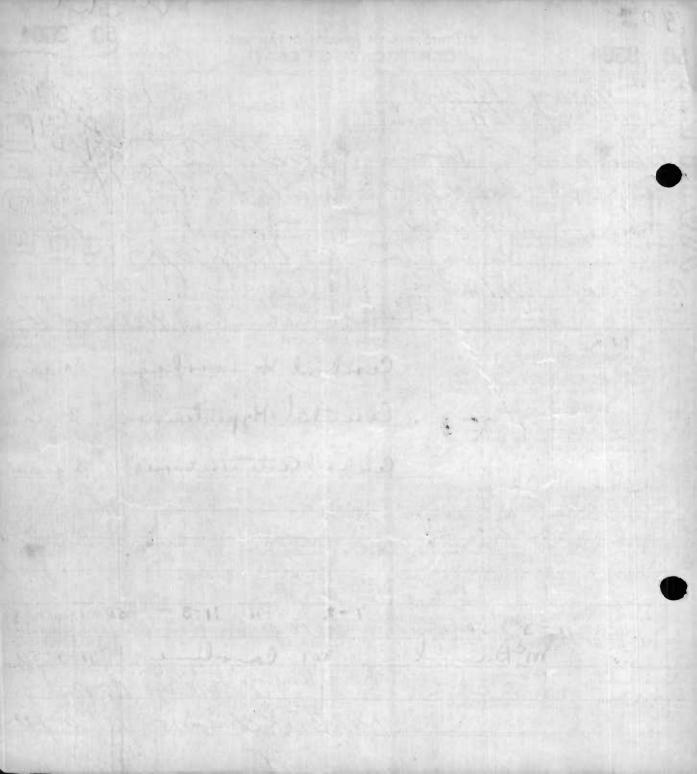
(If in Baltimore City, give exact location)

VS 150

TION, REMOVAL (Specify Huru. DATE RECEIVED BY

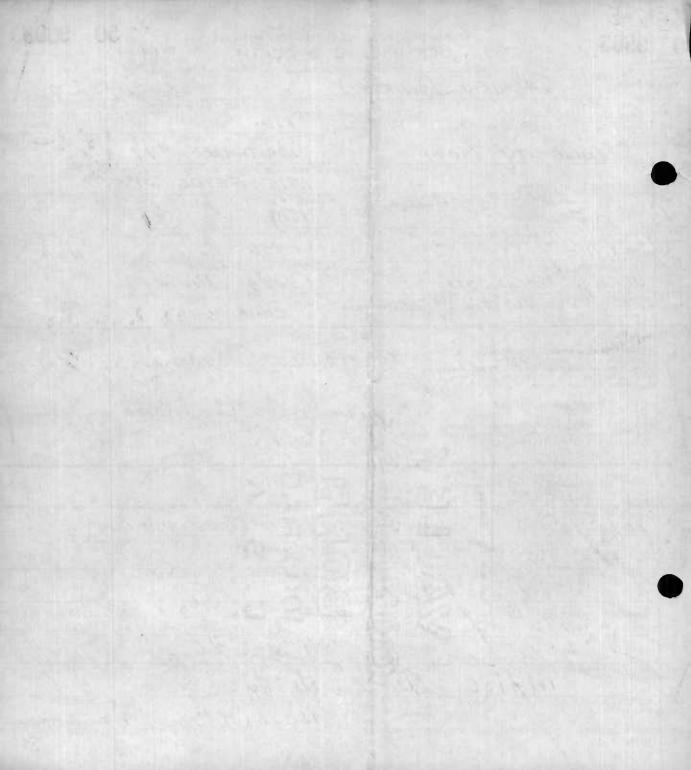
LOCAL REGISTRAR

HOMICIDE (Specify)

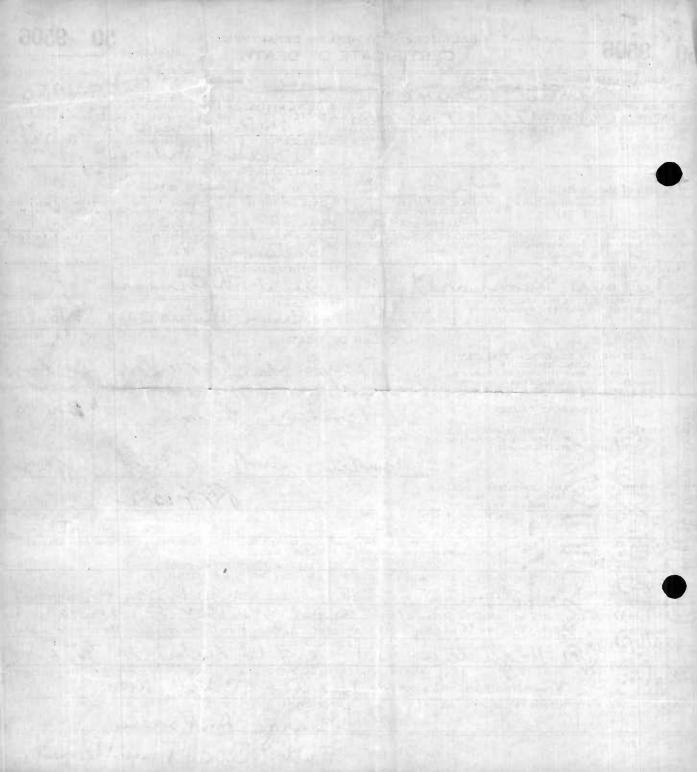


# BALTIMORE CITY HEALTH DEPARTMENT

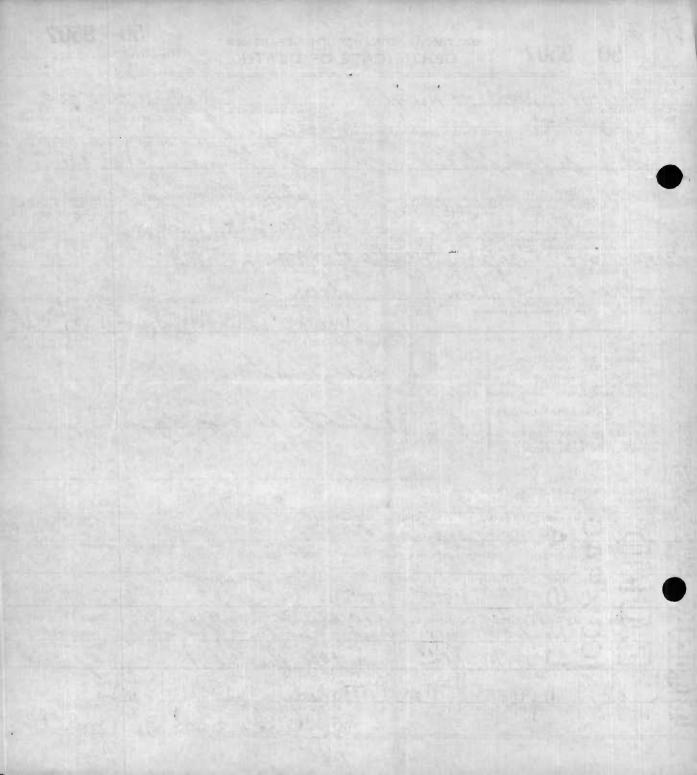
BIF	TH NO.	9	T.	CERTIFICAT	E OF DEATH	Registered	No.
	NAME OF D	DECEASED CAR	RIE J.	SOHNJON	)	2. DATE OF DEATH	/3/50
A. ]		EATH: City, Maryland		du z zavine	4. USUAL RESIDENCE	(Where deceased lived. ) B. COUNTY	if institution : residence before admission)
HO	ULL NAME SPITAL OR STITUTION	LNIVERSITY	11	ion, give street address or location)			its, write RDRAL and give township)
c. 1	zength of s	stay in Baltimore	Page 1	Yrs. Mos. Days	D. STREET ADDRESS (		
	EX	6. COLOR OR RACE	7. SINGLE WIDOW	MARRIED VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under   Year   If Under 24 Hours   Hours   Min.
work	USUAL OCTOR	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or MD.	foreign country)	12. CITIZEN OF WHAT COUNTRY!
13.	FATHER'S I	- 1 (1)	NSON		14. MOTHER'S MAIDEN	TURNER	
15. (Yes,	WAS DECEAS no or unknown)	ED EVER IN U.S. ARME (If yes, give war or date	FORCES? a of service)	16, SOCIAL SECURITY NO.	17. INFORMANT	2133 Pl	address
ERTIFICATION	(This does heart failt injury or DISEASE	SE OR CONDITION LEADING TO DEA' not mean the mode of tre, asthenia, etc. It mea complication which of ANTECEDENT CAUS S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	TH  of dying, e. g  ns the diseas  caused death  SES  F ANY, GIVIN  STATING TH	e, .) DUE TO	MOUS CELL CA	CINOMATOS. RECINOMA	is Brows
CERTIF	TRIBUTING	GIGNIFICANT CONDIG TO THE DEATH, BUT	NOT RELATE	D			
EDICAL	10 / 21A. ACCIE	26/50 DENT WAS UNDER-	21B. PLA	BOY FOR INT	(If in Baltimore City,		
Σ -	INJURY	(Month) (Day) (Year		21E. INJURY OCCURR WHILE AT WORK		RY OCCUR?	
-		live on 11/3		and that death occur	o/12, 1950, to rred at 3 A m., from 23B. ADDRESS		that I last saw the the date stated above
24. TIO	N REMOVAL	CREMA- Specify)		Sevens	velle mo	LOCATION (City, tow	
	TE RECEIVE				1 Sarah Z	Brown 'w	monty omery
TV	VS 150					04	18a 8t



FULL NAME OF HOSPITAL OF COLOR OF ACE 10 DEATH  C. Length of stay in Baltimore  C. Length of s	N	an High	hatein	۸ ،						
SIRTHER NAME  1. HAME OF DECEASED (Type or Print)  2. DATE DEATH DATE OF DEATH A. Baltimore City, Maryland 7 / 0	5	8824	Soubard S	BAL				Dagistan	50	9506
A. USIAL RESIDENCE (Where deceased lived in Hydricition) residence of the property of the pr	B	RTH NO.			CERTIFICA	IE OF DEAT	Н	Registere	2d No	
Baltimore Citic Maryland / o			0	73,	lanu			OF OF	5-	1950
C. CITY OR TOWN   If ourself pergrate limbs, write RUFA   Apple   C. CITY OR TOWN   If ourself pergrate limbs, write RUFA   Apple   C. CITY OR TOWN   If ourself pergrate limbs, write RUFA   Apple   C. CITY OR TOWN   If ourself pergrate   C. CITY OR TOWN   If our down   If o				10 n.	Pausons		ENCE (W			tion: residence before admission)
C. Length of stay in Baltimore  6. Color or RACE  7. SINKLE MARRIED  8. D. STREET ADDRESS IT TUTAL SIVE location  7/ A  10. USUAL OCCUPATION (divalible)  10. KIND OF BUSINESS OR  11. MOTHER'S NAME  12. CITIZEN OF  WHAT COUNTRY  WHAT COUNTRY  13. FATHER'S NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES!  (It's deve not mean the mode of dying, c. E.,  heart failure, sutheris, etc. It means the disease,  Injury or complexion which caused death.)  DUE TO  ANTECEDENT CAUSES  18. ACCIDENT SUCION  19. ACCIDENT SUCION  21. ACCIDENT SUCION  19. ACCIDENT SUCION  19. ACCIDENT SUCION  22. AUTOPSY?  71. N. P. PLYSON ST. Tenet.  19. ACCIDENT SUCION  22. AUTOPSY?  71. N. P. PLYSON ST. Tenet.  24. AUTOPSY?  71. N. P. PLYSON ST. Tenet.  22. AUTOPSY?  71. N. P. PLYSON ST. Tenet.  22. AUTOPSY?  71. N. P. PLYSON ST. Tenet.  22. AUTOPSY?  71. N. P. PLYSON ST. Tenet.  23. SIGNATURE  24. ADDRESS  32. ADDRESS  32. ADDRESS  33. SIGNATURE  44. ACCIDENT SUCION  19. Anther of Cheration  19. And that death occurred at 3 mm, from the causes and on the date stated above  23. SIGNATURE  24. ADDRESS  25. ADDRESS  26. ADDRESS  26. ADDRESS  26. ADDRESS  26. ADDRESS  27. ADDRESS  28. ADDRESS  28. ADDRESS  29. ADDRESS  20. ADTECTOR  20. ALTOPSY?  20. ALTOPSY?  21. ACCIDENT SUCION  22. ALTOPSY?  23. ADDRESS  24. ADDRESS  24. ADDRESS  25. ADDRESS  26. ADDRESS  26. ADDRESS  27. ADDRESS  28. ADDRESS  28. ADDRESS  29. ADDRESS  29. ADDRESS  29. ADDRESS  20. ADTECTOR  20. ALTOPSY?  20. ALTOPSY?  20. ALTOPSY?  21. ACCIDENT SUCION  22. ALTOPSY?  23. ADTECTOR  24. ADDRESS  24. ADDRESS  25. ADDRESS  26. ADDRESS  26. ADD			OF (If not in hospit	al or instituti		_ /	11. 7			A L
C. Length of stay in Baltimore  5. SEX  C. COLOR OR RACE  7. SIND E MARRIED.  S. DATE OF BIRTH  1. DAGE (In year)   Blober 24 loyer  WILLOWED DY ORCED develops  WILLOWED DY ORCED develops  1. DATE OF OPERATION  1. SIND OF BUSINESS OR  INDUSTRY  1. MOTHER'S MAME  1. MOTHER'S MADE  1	IN	STITUTION				Bo	eta	Whol -		township)
10. SUAL OCCUPATION (Sivehided)  10. SUAL OCCUPATION (Sivehided)  10. KIND OF BUSINESS OR WAY doned in control of the control				Sufe	Mos Day	3 710 N	Vou	ys on	ST.	
13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES)  16. SOCIAL  17. INFORMANT  WAS ALCREMATED TO THE DISEASE OR CONDITION DIRECTLY  (This does not mean the mode of dying, e. g., injury or complication which caused death.)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSES  (a)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LURING IT.  TO THEE SIGNIFICANT CONDITIONS CONTINUED TO THE DISEASE OR CONDITION CAURING IT.  18. ANY CAUSE  (b)  ANTECEDENT CAUSES  (c)  DUE TO  CENTIFICATION APPROVED  (A)  My COULT ALL AND LEATH, BUT WORK LEATH TO THE DISEASE CONDITION CAURING IT.  (The DISEASE OR CONDITION CONTINUED CONTIN		F	W.	wigow	ED, DIVORCED (Speci	Sune 29.	1014	AGE (In year, last birthday)	Months D	lear If Under 24 Hours Days Hours Min.
15. WAS DECEASED EVER IN U. S. ARMED FORCEST (16. SOCIAL (17. INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCEST (18. pt or unknown) (17. INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCEST (18. D. o. unknown) (17. INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCEST (18. D. o. unknown) (17. INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCEST (18. D. o. unknown) (17. INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCEST (18. D. o. unknown) (17. INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCEST (18. D. o. unknown) (18. D. o.	10 work	A. USUAL OC		108. KIND			(State or for	reign country)		
SECURITY NO.   WINTERVAL BETWEE ONSET AND DEATH	13	Aut c	us Seo	nha	rds	14. MOTHER'S M	AIDEN NA	Ithea	N	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASE OR CONDITIONS, e.g., (A)  ANTECEDENT CAUSES  DISEASE OR CONDITIONS, if ANY, giving Rise to the Above Cause (A) STATING THE UNDERLYING CONDITIONS LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) about bome, farm, factory, atreet, officebidg, etc.) 10. TIME (Month) (Day) (Year) (Hour)  11. TIME (Month) (Day) (Year) (Hour)  12. I horeby certify that I attended the deceased from AT WORK SIDED AND THE CAUSES and on the date stated above 23a. SIGNATURE  23a. SIGNATURE  24c. BURIAL CREMA-1 24b. DATE (24c) NAME OF CEMETERY OR CREMATORY) 24d. LOCATION (Gity, town, or county) (State) (Stat	15 (Yes	, no or unknown)	D EVER IN U.S. ARMEI (If yee, give war or date	FORCES?		17. INFORMANT	re Wa	uters 36	ADDRES	Paulst
Content of the death, but not related to the death, but not related the deceased from the death, but not related the deceased alive on the death, but not related the deceased from the death, but not related the deceased dive on the death, but not related the deceased from the death, but not related the deceased dive on the death, but not related the deceased from the death, but not related the deceased dive on the death, but not related the deceased from the death, but not related the deceased from the death, but not related the deceased dive on the death, but not related the deceased from the death, but not related the deceased dive on the death, but not related the deceased from the death of the dea		18. Hy	2.1		CAUSE	OF DEATH				
(This does not mean the mode of dying, e.g., heart failure, sathenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21B. PLACE OF INJURY (a.g., in or INJURY OCCURRED ACCIDENT)  ADDITION LAST.  21B. PLACE OF INJURY (a.g., in or INJURY OCCURRED AND INJURY OCCUR?  NOT THIS UNION COUNTY OF THE DISEASE OR CONDITION CHIEF DE ASSI. MEDICAL EXAMINER YES NO DISTANCE OF THE DISEASE OR CONDITION CHIEF DE ASSI. MEDICAL EXAMINER YES NO DISTANCE OF THE DISEASE OR CONDITION CHIEF DE ASSI. MEDICAL EXAMINER YES NO DISTANCE OF THE DISTANCE OF TH			LEADING TO DEA	TH	7	1000-001	:0	70 1		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION CHIEF OR ASSI. MEDICAL EXAMINER. YES NO 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) about bome, farm, factory, atreet, office bidg., etc.) 1NJURY OCCUR?  ACCIDENT, SUICIDE, 121B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 1NJURY OCCUR?  ACCIDENT, SUICIDE, 100 100 100 100 100 100 100 100 100 10		heart failu	re, asthenia, etc. It mes	of dying, e. g ans the diseas	e.	goeda		rain	n a	er rugs
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.    Continue of the continue of the death, but not related to the death occurred at the death occurred	z		ANTECEDENT CAUS	SES	7	rocture	Fe	um	1	one gr.
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS  21c. WHERE DID (If in Baltimore City, give exact location)  1NJURY OCCUR?  710 N. Payson Street.  21c. WHERE DID (If in Baltimore City, give exact location)  1NJURY OCCUR?  710 N. Payson Street.  21c. WHERE DID (If in Baltimore City, give exact location)  1NJURY OCCUR?  710 N. Payson Street.  21c. WHERE DID (If in Baltimore City, give exact location)  1NJURY OCCUR?  710 N. Payson Street.  21c. WHERE DID (If in Baltimore City, give exact location)  1NJURY OCCUR?  710 N. Payson Street.  21c. WHERE DID (If in Baltimore City, give exact location)  1NJURY OCCUR?  710 N. Payson Street.  21c. How DID (If in Baltimore City, give exact location)  1NJURY OCCUR?  710 N. Payson Street.  21c. How DID	ATI	RISE TO T	HE ABOVE CAUSE (A)	STATING TH	IG (II)					
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS  21c. WHERE DID (If in Baltimore City, give exact location)  1NJURY OCCUR?  710 N. Payson Street.  21c. WHERE DID (If in Baltimore City, give exact location)  1NJURY OCCUR?  710 N. Payson Street.  21c. WHERE DID (If in Baltimore City, give exact location)  1NJURY OCCUR?  710 N. Payson Street.  21c. WHERE DID (If in Baltimore City, give exact location)  1NJURY OCCUR?  710 N. Payson Street.  21c. WHERE DID (If in Baltimore City, give exact location)  1NJURY OCCUR?  710 N. Payson Street.  21c. WHERE DID (If in Baltimore City, give exact location)  1NJURY OCCUR?  710 N. Payson Street.  21c. How DID (If in Baltimore City, give exact location)  1NJURY OCCUR?  710 N. Payson Street.  21c. How DID	FIC				(c) au	ter sele	tu	C V.D	,	yerso
TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  10D. TIME (Specify)  10D. TIME (Month) (Day) (Year) (Hour)  11D. TIME (Month) (Day) (Year) (Hour)  12D. TIME (Month) (Day) (Year) (Hour)  12D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  22D. AUTOPSY?  11D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  22F. HOW DID I	RTI		SIGNIFICANT COND				CENTIFIC	2-1101-1111	JVLU -	-
CHIEF OR ASSI. MEDICAL EXAMINER YES NO  21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  accident  home  1D. TIME (Month) (Day) (Year) (Hour)  1D. TOVERDER 3, 1949 ?p.m.  WHILE AT NOT WHILE X Slipped and fell to floor in bedroom  22. I hereby certify that I attended the deceased from AT WORK  23A. SIGNATURE  24A. BURIAL. CREMA-1 24B. DATE  21B. FLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.)  1NJURY OCCUR?  710 N. Payson Street.  21F. HOW DID INJURY OCCUR?  Slipped and fell to floor in bedroom  22. I hereby certify that I attended the deceased from AT WORK  23B. ADDRESS  24C. DATE SIGNED  24A. BURIAL. CREMA-1 24B. DATE  24B. DATE  24B. DATE  24C. WHERE DID (If in Baltimore City, give exact location)  INJURY OCCUR?  710 N. Payson Street.  21F. HOW DID INJURY OCCUR?  Slipped and fell to floor in bedroom  22F. How Did Injury occur?  23F. HOW DID INJURY OCCUR?  24B. DATE SIGNED  24C. DATE SIGNED  24C. DATE SIGNED  24C. DATE SIGNED  24D. LOCATION (City, town, or county) (State)		TO THE D	ISEASE OR CONDITION	CAUSING I	т		0 %	Sproke		- •
TION FRANCISCO STREET  ACCURRED THOMSE (Month) (Day) (Year) (Hour)  PID IT TAY SON STREET  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  Slipped and fell to floor in bedroom  22F. How DID INJURY OCCUR?  Slipped and fell to floor in bedroom  22F. How DID INJURY OCCUR?  Slipped and fell to floor in bedroom  22F. How DID INJURY OCCUR?  Slipped and fell to floor in bedroom  22F. How DID INJURY OCCUR?  Slipped and fell to floor in bedroom  22F. How DID INJURY OCCUR?  Slipped and fell to floor in bedroom  22F. How DID INJURY OCCUR?  Slipped and fell to floor in bedroom  22F. How DID INJURY OCCUR?  Slipped and fell to floor in bedroom  22F. How DID INJURY OCCUR?  Slipped and fell to floor in bedroom  22F. How DID INJURY OCCUR?  Slipped and fell to floor in bedroom  22F. How DID INJURY OCCUR?  Slipped and fell to floor in bedroom  22F. How DID INJURY OCCUR?  Slipped and fell to floor in bedroom  22F. How DID INJURY OCCUR?  Slipped and fell to floor in bedroom  22F. How DID INJURY OCCUR?  Slipped and fell to floor in bedroom  22F. How DID INJURY OCCUR?  Slipped and fell to floor in bedroom  22F. How DID INJURY OCCUR?  Slipped and fell to floor in bedroom  22F. How DID INJURY OCCUR?  Slipped and fell to floor in bedroom  22F. How DID INJURY OCCUR?  Slipped and fell to floor in bedroom  22F. How DID INJURY OCCUR?  Slipped and fell to floor in bedroom  22F. How DID INJURY OCCUR?  Slipped and fell to floor in bedroom  22F. How DID INJURY OCCUR?  Slipped and fell to floor in bedroom  22F. How DID INJURY OCCUR?  Slipped and fell to floor in bedroom  22F. How DID INJURY OCCUR?  Slipped and fell to floor in bedroom  22F. How DID INJURY OCCUR?  Slipped and fell to floor in bedroom  22F. How DID INJURY OCCUR?  Slipped and fell to floor in bedroom  22F. How DID INJURY OCCUR?  Slipped and fell to floor in bedroom  22F. How DID INJURY OCCUR?  Slipped and fell to floor in bedroom  22F. How DID INJURY OCCUR?  Slipped and fell to floor in bedroom  22F. How DID INJURY OCCUR?  Slipped and fell to flo	AL	19A. DATE C	F OPERATION I	9B. MAJOR	FINDINGS OF OP	ERATION	CHIEF OR	ASSI MEDICAL E		
TION FRANCISCO STREET  ACCURRED THOMSE (Month) (Day) (Year) (Hour)  PID IT TAY SON STREET  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  Slipped and fell to floor in bedroom  22F. How DID INJURY OCCUR?  Slipped and fell to floor in bedroom  22F. How DID INJURY OCCUR?  Slipped and fell to floor in bedroom  22F. How DID INJURY OCCUR?  Slipped and fell to floor in bedroom  22F. How DID INJURY OCCUR?  Slipped and fell to floor in bedroom  22F. How DID INJURY OCCUR?  Slipped and fell to floor in bedroom  22F. How DID INJURY OCCUR?  Slipped and fell to floor in bedroom  22F. How DID INJURY OCCUR?  Slipped and fell to floor in bedroom  22F. How DID INJURY OCCUR?  Slipped and fell to floor in bedroom  22F. How DID INJURY OCCUR?  Slipped and fell to floor in bedroom  22F. How DID INJURY OCCUR?  Slipped and fell to floor in bedroom  22F. How DID INJURY OCCUR?  Slipped and fell to floor in bedroom  22F. How DID INJURY OCCUR?  Slipped and fell to floor in bedroom  22F. How DID INJURY OCCUR?  Slipped and fell to floor in bedroom  22F. How DID INJURY OCCUR?  Slipped and fell to floor in bedroom  22F. How DID INJURY OCCUR?  Slipped and fell to floor in bedroom  22F. How DID INJURY OCCUR?  Slipped and fell to floor in bedroom  22F. How DID INJURY OCCUR?  Slipped and fell to floor in bedroom  22F. How DID INJURY OCCUR?  Slipped and fell to floor in bedroom  22F. How DID INJURY OCCUR?  Slipped and fell to floor in bedroom  22F. How DID INJURY OCCUR?  Slipped and fell to floor in bedroom  22F. How DID INJURY OCCUR?  Slipped and fell to floor in bedroom  22F. How DID INJURY OCCUR?  Slipped and fell to floor in bedroom  22F. How DID INJURY OCCUR?  Slipped and fell to floor in bedroom  22F. How DID INJURY OCCUR?  Slipped and fell to floor in bedroom  22F. How DID INJURY OCCUR?  Slipped and fell to floor in bedroom  22F. How DID INJURY OCCUR?  Slipped and fell to floor in bedroom  22F. How DID INJURY OCCUR?  Slipped and fell to floor in bedroom  22F. How DID INJURY OCCUR?  Slipped and fell to flo	SIC						DID (If			
22. I hereby certify that I attended the deceased from				about home,				Street		
22. I hereby certify that I attended the deceased from		ID. TIME	(Month) (Day) (Year)	(Hour)		RED 21F. HOW DI	YAULNI D	OCCUR?		
deceased alive on 1000, and that death occurred at 3 a.m., from the causes and on the date stated above  23a. SIGNATURE  23b. ADDRESS  23c. DATE SIGNED  24a. BURIAL. CREMA- 24b. DATE  24d. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county)  (State)	h									
23a. SIGNATURE  9 Haghstein  M. D.  23b. Address  W. Lauling  11-6.57  24a. BURIAL, CREMA- 24b. DATE  24d. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State)		22. I hereb	y certify that I att	tended the	deceased from	alot, 19	/410 W	ov 5,1	9_1,4hat	t I last saw the
24A. BURIAL, CREMA- 24B. DATE 240 NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)				_, 1930,	and that death occ	urred at 3 4 m	., from th	e causes and o		
TION REMOVAL (Specify)		204. 010114	97 Ttu	aliste	eu M. D.	888	1- 'Kn	ulus 1	2 1	
	71(	N REMOVAL (S	pecify) Y or 7	1001	V U	LEAR OR CREMATOR				nty) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS					RE	25 FUNERAL DI	RECTOR			RESS
NOV 5-1950 metro on Milante Mr George A. Forly 930	N			IN THE	arts M	George	A.	Farle	4	930
VS 150 Futton Que & Fayette SX		VS 150				Futton	Que	& Fou	ette	SX



	H-545 50 9507 BALTIMORE CITY HEALT CERTIFICATE O		50	9507
1.	NAME OF DECEASED 'ype or Print)	2. DAT		
		DEA' USUAL RESIDENCE (Where dece		itution: residence before admission)
B. H	FULL NAME OF (If not in hospital or institution, give street address or	ITY OR TOWN If outside co	orporate limits, w	rite RURAL and give
	St. goeffi's Habital	REET ADDRESS (If rural, give	Za 7 ass	3 4 township)
	Length of stay in Baltimore Mos. Days	6231 Fairole	lave.	1 V   M.HJ. 04 H
٥.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)			Days Hours Min.
	A. USUAL OCCUPATION (Give kinder) 108. KIND OF BUSINESS OR IN. ES OR INDUSTRY	ORTHPLACE (State or foreign cou	ntry) 12.	CITIZEN OF WHAT COUNTRY?
13	FAHERS NAME REAL EST. MGMT 14.1	MOTHER'S MAIDEN NAME		
15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL  17. I (If yes, give war or dates of service)  SECURITY NO.	NFORMANT O	A ADDF	RESS #A.
	18. 1 5 3 4 CAUSE OF E	. Thelen 13. Then	rlein- L	231 Middle
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	·		ONSET AND DEATH
	(This does not mean the mode of dying, e.g., (A)	10manosa		
7	ANTECEDENT CAUSES	to Caremone	A colo	
ERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
TIFI	11 (c)			
CER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
AL	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERATION	1		20. AUTOPSY?
EDICAL		PIC. WHERE DID (If in Balt NJURY OCCUR?	imore City, give	exact location)
Σ	ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 2 INJURY OCCURRED 2 WHILE AT WORK NOT WHILE AT WORK	21F. HOW DID INJURY OCCUR	17	
	22. I hereby certify that I attended the deceased from 10/20 deceased alive on 1//5/50, 19 , and that death occurred	the 11.00 m., from the cause		hat I last saw the
	23a, SIGNATURE 23B. A	DDRESS A		3c. DATE SIGNED
7	AA) BURTAL, CREMA- 24B. DATE 44C. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 24D LOCATION	(City, town, or	
LOT	ATE RECEIVED BY REGISTRAF'S SIGNATURE	UNEXT DIRECTOR	71 7	DRESS OO
-	4050	Muck - S30S	Hary	and tal
	VS 150 5/0 74	04	6.e 0	



5-1400 9508

9508

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) 100.4-1950 DEATH 4. USUAL RESIDENCE (Where deceased lived, if institution; residence A. STATE B. SOUNTY before admissi 3. PLACE OF DEATH: A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hyspital or institution, give street address or HOSPITAL OR location' C. CITY OR TOWN If outside corporate limits, write RURAL and give INSTITUTION maro Yrs. (If rural, give location) D. STREET ADDRESS Mos. c. Length of stay in Baltimore 908 Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (in years) If Under 1 Year last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Marriag 10A. USUAL OCCUPATION (Give kind of) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork donaduring most of working life, even if retired) INDUSTRY WHAT COUNTRY? FATHER'S NAME 14. MOTHER'S MAIDEN NAME EVER IN U. S. ARMED FORCES? (If yee, give war or dates of service) WAS DECEASED 16. SOCIAL SECURITY NO ADDRESS (Yes, no or unknown) NTERVAL BETWEEN 18. 420.1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) ..

DISEASES OR CONDITIONS, IF ANY, GIVING

UNDERLYING CONDITION LAST.

H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

RISE TO THE ABOVE CAUSE (A) STATING THE

TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT, SUICIDE. 21B, PLACE OF INJURY (e.g., in or HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED NOT WHILE! WHILE AT

AT WORK

DUE TO

(C) .

22. I hereby certify that I attended the deceased from\_\_\_

24c. NAME OF CEMETERY OR CREMATOR

deccased alive on 16 - 2 - 1950, and that death occurred at 5:30Am., from the causes and on the date stated above. 23B. ADDRESS

25. FUNERAL

21c. WHERE DID

INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

ETRECTOR

. 19 45 to 11 - 4- , 1950, that I last saw the

(If in Baltimore City, give exact location)

23c. DATE SIGNED

ADDRESS

20. AUTOPSY

YES

24A. BURIAL, CREMA-DATE RECEIVED BY LOCAL REGISTRAR

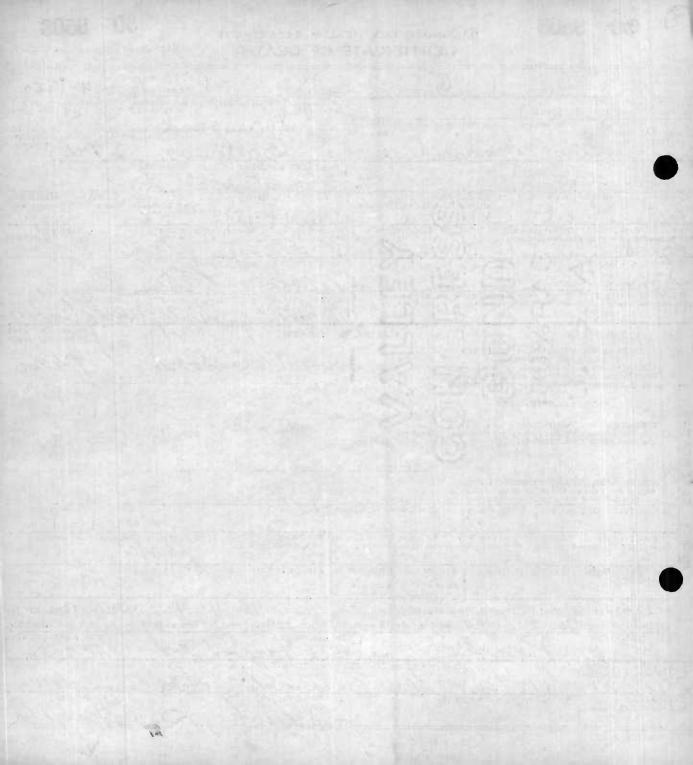
INJURY

23A, SIGNATURE

REGISTRAR'S SIGNATURE

24B. DATE

VS 150



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE 4. USUAL RESIDENCE (Where deceased lived, If institution: residence DEATH 3. PLACE OF DEATH A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TO If outside corporate limits, write RURAL and give INSTITUTION Yrs. (If rural, give location) Mos. c. Length of stay in Baltimore Days 100 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED If Under 1 Year 9. AGE (In years) If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months! Days Hours! Min. married 10A. USUAL OCCUPATION (Givekinder 10B. KIND OF BUSINESS OR INDUST IRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? hician ama ana 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORGES? 16. SOCIAL (Yes no or unknown) SECURITY NO. 5-03-9382 INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION A 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 YES (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) INJURY NOT WHILE! WHILE AT AT WORK 22. I hereby certify that I attended the deceased from Musical , 1950 to 11 - H . \_\_, 1950, that I last saw the \_\_ 1950 and that death occurred at 3:30 Am., from the causes and on the date stated above. deceased alive on 11-3-23A. SIGNATURE 23c. DATE SIGNED ZAA. BURIAL, CREMA! (City, town, or county) (State) 24B, DATE 24c. NAME OF CEMETERY FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR VS 150 515 53

R. Peake

5-35999510 50 9510 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE largare DEATH 3. PLACE OF DEATH: A. Baltimore City. Maryland B. COUNTY (If not in hopital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) INSTITUTION Yrs.

4. USUAL RESIDENCE (Where deceased lived, If institution : residence before admission) outside corporate limits, write RURAL and give Mos. c. Length of stay in Baltimore Davs It Under 1 Year Il Under 24 Hours 5/SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) 9. AGE (In years last birthday) | Months Days | Hours | Min. 10A. USUAL OCCUPATION (Give kind of ork any during most of working line even it retired) 108. KIND OF BUSINESS OR 11. BIRTHPL (State or foreign country) 12. CITIZEN OF INDUSTR' WHAT COUNTRY? 13. FATHER'S NAME MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION Jun 1950 (exuca 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g. Vin or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK

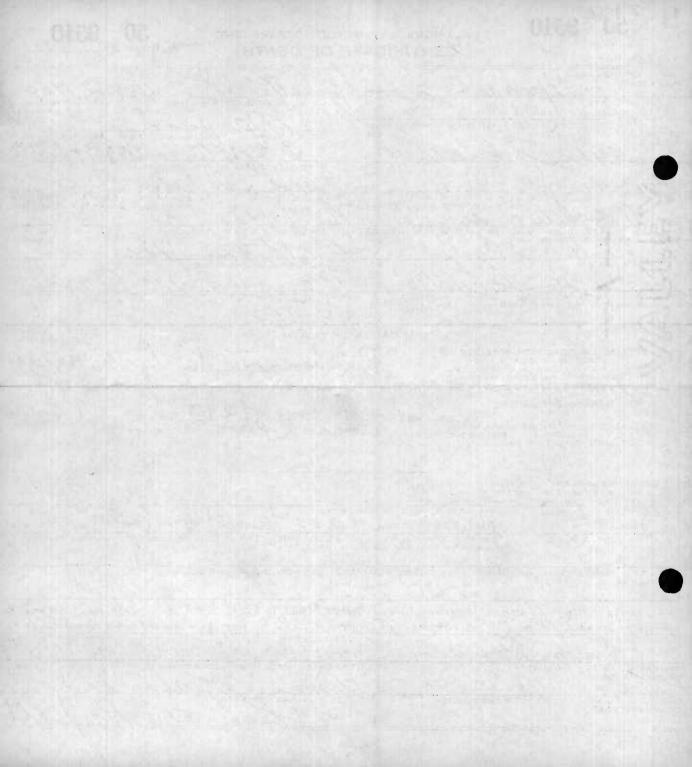
And May 1946 to Nov Z , 1950, that I last saw the 22. I hereby certify that I attended the deceased from\_ 5P. m., from the causes and on the date stated above. deceased alive on Nov 2 . 1950, and that death occurred at\_ 23A. SIGNATORE 23B. ADDRESS 23c. DATE SIGNED remean M. D.

DEMOVAL (Special

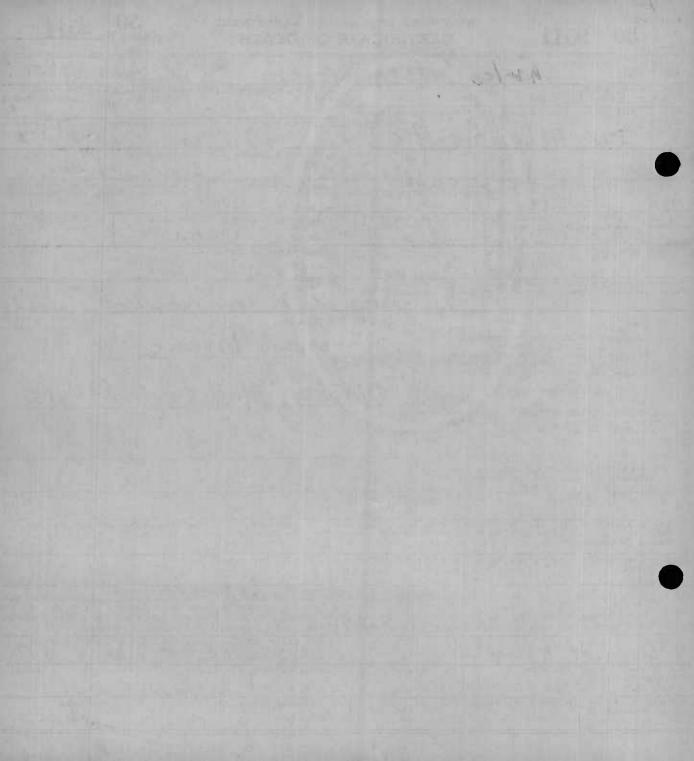
ADORESS

25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

10V %5\_1\$6



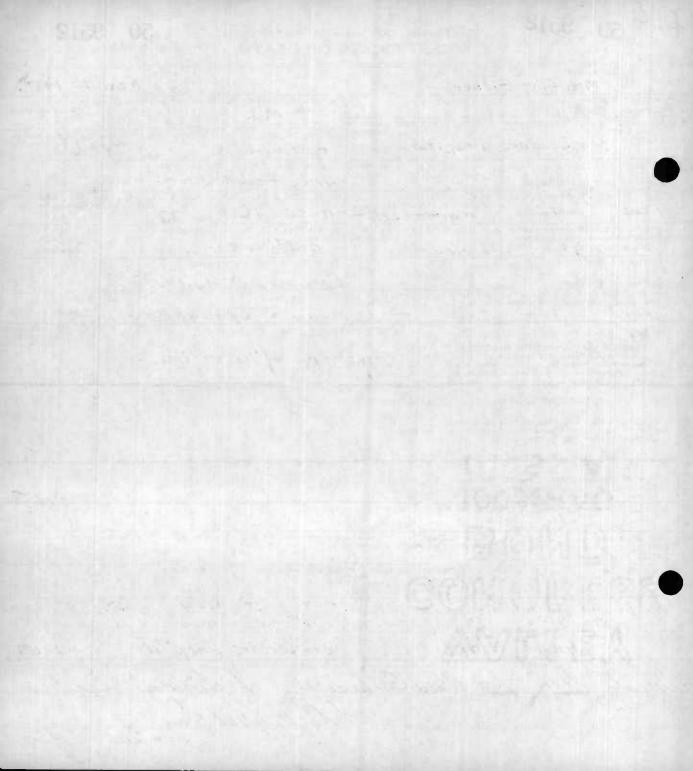
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF i'i not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION (If rural, give location Mos. ngth of stay in Baltimore om brd Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (in years) If Under 1 Year last birthday) | Months Days | Hours | Min. WIDOWED, DIYORCED (Specify) 10A. USUAL OCCUPATION (Give kind uf) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTR Pek. U.S. Printality 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRES6 (Yes, no or unknown) (If yes, give war or dutes of service) SECURITY NO INTERVAL BETWEEN 18. 2-60 X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY oronar LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Diapetes Mellitus ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21c. WHERE DID 218. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS (If in Baltimore City, give exact location) PRIMARY OR CONTRIBUTING | about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ⋈, accident □, suicide □, homicide □, undetermined □. 238. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24A. BURIAL, CREMA 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify ed com f NId. DATE RECEIVED BY 25. FUNERAL DIRECTOR LOCAL REGISTRAR VS 151



416 50 9512

# BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	RTIFICATI	E OF DEATH	Registe	ered No		
1. NAME OF DECEASED R. (Type or Print) Mrs. Alice Gilbert -			2. DATE OF DEATH	Nov. 4-	1950.	
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give		4. USUAL RESIDENCE (W			n : residence efore admission)	
HOSPITAL OR INSTITUTION BON Secours Hospital	location)	c. CITY OR TOWN (If Baltimore	outside corporat	te limits, write R	UKAL and give township)	
c. Length of stay in Baltimore	Yrs. Mos.	D. STREET ADDRESS (If 4/23 Frederick		ion)		
5. SEX 6. COLOR OR RACE 7. SINGLE, MAR WIDOWED, DI	RRIED, IVORCED (Specify)	8. DATE OF BIRTH	I O ACE HE HO	enrs If Under I Year ay) Months Day	Il Under 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  House wife - AT. Home	USINESS OR INDUSTRY	11. BIRTHPLACE (State or for Ballimore -		WH.	IZEN OF AT COUNTRY?	
James Rice		14. MOTHER'S MAIDEN NO.	AME		2077.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. S	SECURITY NO.	17. INFORMANT	uncke	ADDRESS	76	
Z DISEASES OR CONDITIONS, IF ANY, GIVING	(A)	inoma of The Xo	roina			
	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION   19B. MAJOR FIND	INGS OF OPER	ATION		20 YES	NO 4	
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, fact	F INJURY (e. g., in tory,street,office bldg.,e		f in Baltimore	City, give exac	t location)	
INJURY (Month) (Day) (Year) (Hour) 21E. IN WHILE AT WORK	AT WORK					
22. I hereby certify that I attended the decea deceased alive on 1/-4, 1950, and the 23A. SIGNATURE Alberto Time?	2	red at 1.10 q.m., from to Bon Secours 1	· · · · · · · · ·	, 23c. I	last saw the stated above.  DATE SIGNED  4-570	
	Wathe		CATION (City	, town, or count	y) (State)	
VS 150			13000	o49 C	1817	

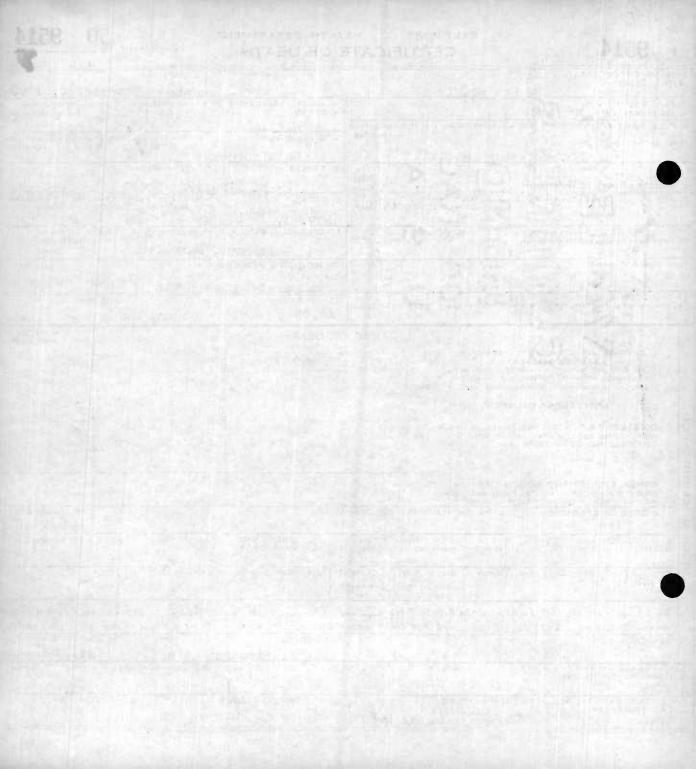


2	36	n q	513	P.A	TWOEL CITY III	-11		5/	9513
BI	RTH NO.	0 0	770	ВА	CERTIFICAT			Registered	
1.	NAME OF		(Sm	a May	Keister	non.	1	2. DATE OF DEATH	C 1950
	PLACE OF Baltimor	e City, M				A. STATE	NCD (Whe		f in titution; residence before admission)
HC	FULL NAM SSPITAL C STITUTION	R		OPALES EO	tion, give street address or location)		Lin	side corporate lim	t write RVRAL and give township)
C./	Length o	f stay in	Baltimore		Yrs. Mos. Days	D. STREET ADDRE	The/A.	Al, give location)	ane.
le.	male	120	hite	WIDOV	E. MARKIED, VED, DIVORCED (Specify)	12-22	-16 (3	4 ast birthday) M	if Under 1 Year In Under 24 Hours Ionths Days Hours Min.
10 rork	a. USUAL doneduring m Packer	OCCUPAT ost of working	ION (Give kind life, even if retire		Packen House	Baltimore		gn country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER	NAME	2	Kerr		14. MOTHER'S MA		ussel	
15 (Yes		ASED EVER	IN U.S. ARM s, give war or da None	ED FORCES?	16. SOCIAL SECURITY NO. 218-01-8863	17. INFORMANT			ADDRESS
	(This heart f	LEAD loes not mailure, asth	ING TO DE ean the mode enia, etc. It m	I DIRECTLY ATH of dying, e. eans the disea caused deat	g., (A)MASS	OF DEATH	ry en	1BOWS	INTERVAL BETWEEN ONSET AND DEATH
ERTIFICATION	RISE T	SES OR C		IF ANY, GIVE	NG	ECHORAL T	HROMB	OSIS	8 DAYS
IFIC			11			HYPERTEN:			š
	TRIBUT	ING TO TH	E DEATH, BU	DITIONS CO T NOT RELAT ON CAUSING		JOHATOUS DE TAL VENO			
7	19A. DAT	E OF OPE		19B. MAJOF	FINDINGS OF OPER	RATION	DE	LEVEL ALLON	
EDICAL	21A. ACC HOMICID	DENT. SL		21B. PL	EGALY, ESOPHAGACE OF INJURY fe. 8., farm, factory, street, office bldg.,	n or   21c. WHERE b	ID (If i		give exact location)
Σ	O. TIM		(Day) (Yes	r) (Hour) m.	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		INJURY C	CCUR?	
		l alive on	11	ttended the	e deceased from / O and that death occu	rred at q fin.			that I last saw the the date stated above.
24	A. BURIA N. REMOVA BURIA	L (Specify)	24B. DATE	C- jui	Meadowridge	ERY OR CREMATORY		ATION (City, town	
		VED BY		R'S SIGNAT		George J.Ru	ECTOR*		ADDRESS
	VS 150			-	6904	Lo ger	fulk	me.	1004

## BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 9514

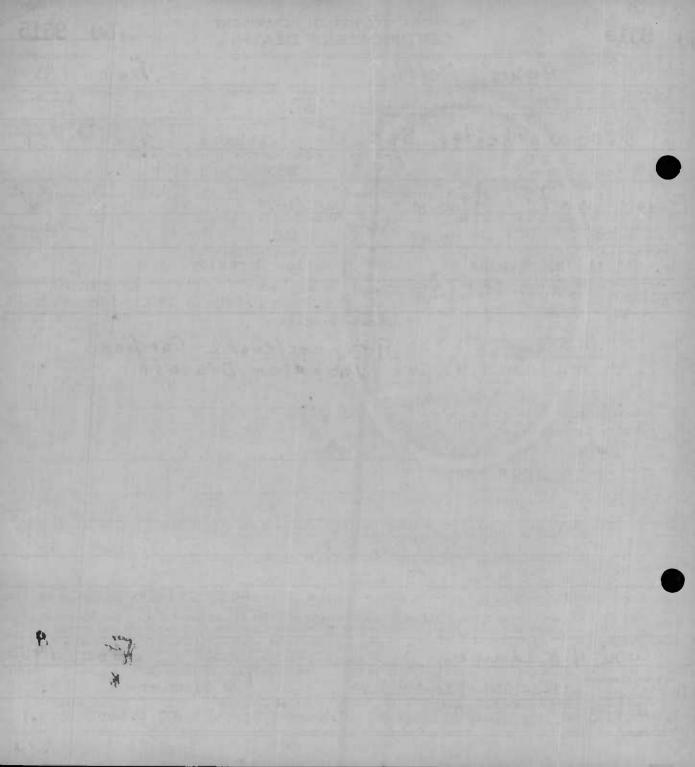
O 95:	1450-2388	4	CERTIFICAT	E OF DEATH	Registered	No	001.1
1. NAME OF (Type or Print	DECEASED Wilton				2. DATE OF		6 1050
3. PLACE OF A Baltimore		Boy Koug	l dr.	4. USUAL RESIDE	DEATH NO	If institution	n: residence fore admission)
	E OF (If not in hospi	tal or institut	ion, give street address or location)	Marylan		0	URAL and give
LL	St. Joses	h's Hos	pital	Baltimo	re-5		township)
	stay in Baltimore		Yrs. Mos. Days		ss (If rural, give location) Streeper Street		
5. sex Male	6.COLOR OR RACE	WIDOW	E, MARRIED, VED, DIVORCED (Specify) Lngle	8. DATE OF BIRTH	9. AGE (In years last birthday)	H Under 1 Year Months Day	Hours Min.
ork done during mo	occupation (Give kind of out of working life, even if retired) ant	10B. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (St	nore, Maryland		ZEN OF AT COUNTRY?
13. FATHER'S				14. MOTHER'S MAI			
	Milton Franci	s Kougl			ouise Horan		
15. WAS DECEA	ASED EVER IN U.S. ARME (If yee, give war or det	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ugl, father, abo	ADDRESS Ve	
(This do heart fa injury of DISEAS	EASE OR CONDITION LEADING TO DE- Description Description LEADING TO DE- Description Descri	of dying, e. 1 ans the diseas caused death SES	96, DUE TO  (B)	telectos	ن		
	11		_(C)		***************************************		
TRIBUTI	SIGNIFICANT CONE	NOT RELATE	ŁO				•••••
19A. DATE	OF OPERATION	198, MAJOR	FINDINGS OF OPER	ATION			AUTOPSY?
21A. ACCI HOMICIDE	DENT. SUICIDE, (Specify)		ACE OF INJURY (e. g., it farm, factory, street, office bldg.,			, give exact	
SID. TIME	(Month) (Day) (Year		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	ED 21F, HOW DID	INJURY OCCUR?		
	eby certify that I at alive on 11/6/	tended the	deceased from 1	1950 1950 1950 1950	to $11/6/$ , 19 from the causes and on	50 that I	last saw the
23A SIGN		Bac		38. ADDRESS	oline Street	23c. E	DATE SIGNED
24A. BURIAL TION, REMOVAL	(Specify)		24c. MAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (City, tow	n, or county	(State)
Burial DATE RECEIV		S SIGNATE	Dak Hill Cem.	25. FUNERAL DIRE		ADDRE	ss Md.
NOV 7	-1950 tut	injon /	Midiana, M.M.	9 Schiminek j.	Funeral Home, In	nc.	



## BALTIMORE CITY HEALTH DEPARTMENT 50 9545

A	IRTH NO.	CERTIFICATI	E OF DEATH	Registered 2	NO 001.0
	NAME OF DECEASED RAWS R	Keith		2. DATE OF DEATH NO	v.5,1950
Α.	Baltimore City, Maryland FULL NAME OF Control of the International Control		4. USUAL RESIDENCE A. STATE Md.	E (Where deceased lived, If s. COUNTY	institution : residence before admission)
14	ospital or institution 2800 Winchest	location)	c. CITY OR TOWN  Baltim  D. STREET ADDRESS		RURAL and give township
C	ngth of stay in Baltimore	Mos. Days		nchester St.	,
5	WIDO	E. MARRIED. WED. DIVORCED (Specify) dowed	8. DATE OF BIRTH 1/1/1874	9. AGE (In years last birthday) Mo	f Under   Year   H Under 24 Hours onths Days Hours Min.
wor	k done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY
I	Or. William B. Hawkins		Alice Barn		
15 (Ye	5. WAS DECEASED EYER IN U. S. ARMED FORCES? (If yes, give war or dates of service)  NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT Irs. Ruth P. Sc	hwab 2800 Wi	nchester St
ERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the dises injury or complication which caused deat  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATIONS TO THE DEATH AND THE	g., (A) Arte	of DEATH  Liosc/erof  Isewide I	ic Cardio Distase	ONSET AND DEATH
AL CE	19A. DATE OF OPERATION 19B. MAJOR	R FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICA		ACE OF INJURY (e. g., ir farm, factory, street, office bldg., e		(If in Baltimore City, g	give exact location)
M	21D. TIME (Month) (Day) (Year) (Hour) FINJURY m.	21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID INJ	URY OCCUR?	
	the evidence obtained by said Aut and death in my opinion resulted	opsy, Inspection or I from: natural causes	Autop nquiry, find that said	ide □, homicide □, u AL EXAMINER□   23 AL EXAMINER□	thercon and from the day stated above, andetermined  TO DATE SIGNED
T10	4A. BURIAL CREMA- 248. DATE ON, REMOVAL (Specify) 11-8-1950	246. NAME OF CEMETER Loudon Park		Baltimore	or county) (State)
D	The RECEIVED BY REGISTRAR'S, SIGNAT	ŲRE	25. FUNERAL DIRECTO	ong 3207 W.No	orth Ave.,

093d

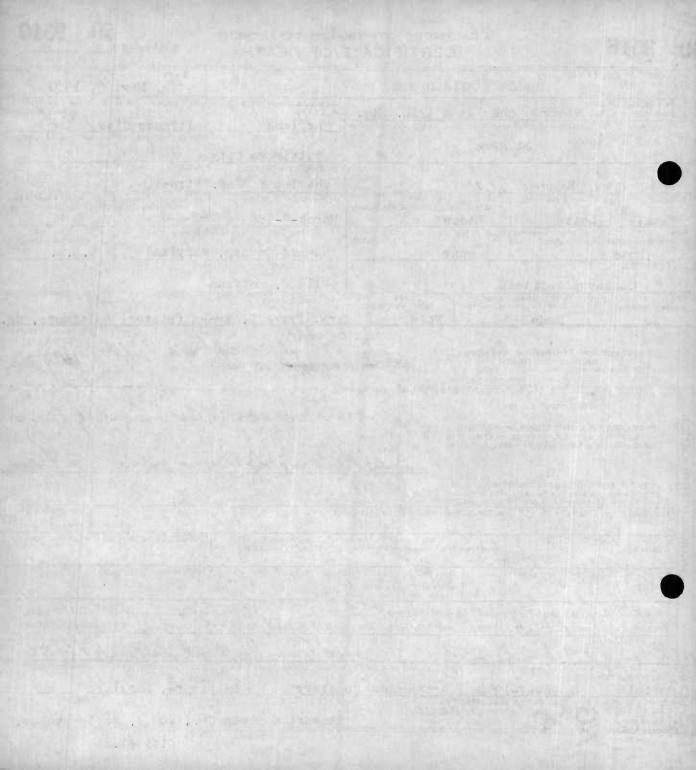


## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

9516

Registered No. I. NAME OF DECEASED 2. DATE (Type or Print) SALLY WARFIELD BUCK DEATH NOV. 5, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland Charles & 32nd. Sts. A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland Baltimore City HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION at Home Chilon Baltimore City Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 50 years Charles & 32nd. Streets Days 9. AGE (In years | fi Under 1 Year | fi Under 24 Hours | last birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) 68-8-2 Female March-3-1882 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY None Howard County, Maryland U.S.A. None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Gustavus Warfield Ella G. Hoffman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. No None None Mrs. Frank G. Evans (sister) Baltimore. Md NTERVAL BETWEEN DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST, DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION EDICAL 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) HOMICIDE (Specify) INJURY OCCUR? 21E. INJURY OCCURRED ID. TIME (Month) (Day) (Year) (Hour) 21F, HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE! 1947 to Nov-, 19 0 that I last saw the 22. I hereby certify that I attended the deceased from\_ deceased alive on 1000, and that death occurred at 7:15 m., from the causes and on the date stated above. 23c. DATE SIGNED 23A\_SIGNATURE 238. ADDRESS 24A. BURIAL GREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY Burial Nov-7-1950 Greenmount Cemetery Baltimore, Maryland DATE RECEIVED BY REGISTRAR'S SIGNATURE 25, FUNERAL DIRECTOR ADDRESS house afor / Whatle Mill LOCAL REGISTRAR Stewart & Mowen Co., 108 W. North Avenue. VS 150 City #1.

048a



CERTIFICATION

MEDICAL

DATE RECEIVED BY

LOCAL REGISTRAR

EO OFAM

)Ü	951'	7		CERTIFICAT	E OF DEAT		Registere	d No	331.7
1.	NAME OF D	ECEASED	Gait	hor		2.1	OF //-	-5-50	
	PLACE OF D Baltimore (	EATH/ City, Maryland		ne i	4. USUAL RESIDE	NCE (Where	deceased lived B. COUNTY	. If institution	: residence fore admission
H	FULL NAME OSPITAL OR STITUTION			ion, give street address of location	C. CITY OR TOWN		le corporate li	mits, write H	URAL and give
	10	cltimore C:	ity no	spital (DOA	Baltimbr		give location)	4630	
		tay in Baltimore		Mos. Days					1 K II 1 04 II
	sex	6.COLOR OR RACE		E, MARRIED, VED, DIVORCED (Specify Ad	B. DATE OF BIRTH	1	GE (In years ast hirthday)	if Under 1 Year Months Days	Hours Min.
10 work	A. USUAL OC done during most	CUPATION (Give kind of f working life, even if retired)			11. BIRTHPLACE (S		country)	12. CITIZ	ZEN OF
	usician FATHER'S N				14. MOTHER'S MA				
		Gaither Si			Rosa L. G.	aither			
15 (Yes	. WAS DECEASE , no or unknown)	D EVER IN U.S. ARMED (If yes, give war or dates	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT II's Mamie	Gaithe	r 1813	Address	dson A
CERTIFICATION	DISEASE RISE TO T UNDERLY	LEADING TO DEAT is not mean the mode or, asthenia, etc. It mea complication which of ANTECEDENT CAUS SOR CONDITIONS, II HE ABOVE CAUSE (A) YING CONDITION LA	of dying, e., ns the disease aused death ses  F ANY, GIVIN STATING TI	(B) SKU	hed Ches 11 Frack	/YC	end Ab	rassous	
		F OPERATION 1		FINDINGS OF OPE	RATION			20. YES	AUTOPSY?
EDICAL	21A. EXTERNUNDERLYIN	NAL CAUSE WAS G M OR CONTRIB- AUSE OF DEATH.		ACE OF INJURY (e.g., farm, factory, street, office bldg	Route 40,	200 WE	st of 6	oth Stre	location)
Zid. Time (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCURDeceased was veinber 5, 1950 9:08 A. m.   WORK   NOT WHILE AT WORK   AT WORK								sed was to parke	driver ed car
	the ev	dence obtained by	said Auto	remains described  psy, Inspection or  from: natural caus	Inquiry, find that es $\Box$ , accident $oxed{x}$ ,	suieide [],	ed died on homicide	the day s , undeterm	tated above nined [].
	23A. SIGNA	TURE			L OOF CHURE M				
	11500	CREMA- 248, DATE	××	24c. NAME OF CEMET	M.D. MEDICAL INV	ESTIGATOR	IINER	リっとう	50

V S 151 804.2

REGISTRAR'S SIGNATURE

05

25. FUNERAL DIRECTOR

1700

578 W. Biddle St.

ADDRESS

50 9518 BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) and olph Cook OF Randolph Cook DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Marvland HOSPITAL OR (If outside corporate limits, write RUAL and give c. CITY OR TOWN INSTITUTION township) 1011 N. Calhoun St Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. igth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED. 9. AGE (In years | M Under I Year | M Under 24 Hours | Months; Days | Hours | Min. WIDOWED, DIVORCED (Specify) Male Colored Widower July 28,1892 11. BIRTHPLACE (State or foreign country) 10A, USUAL OCCUPATION (Give kind of ) 108. KIND OF BUSINESS OR 12. CITIZEN OF vork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Maryland Barber 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Cook Garrett Alberta 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. William Cook 1011 N. Calhoun St. INTERVAL BETWEEN 18. LLL 2. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY perfersive Cardioloscular Disease LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Intracevebral Hemory Lage ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 19A. DATE OF OPERATION YES

EDI

23A., SJGNATURE

218. PLACE OF INJURY (a.g., in or

21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIB. ebout home, farm, factory, street, office bldg., etc.) UTING | CAUSE OF DEATH.

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY NOT WHILE WHILE ATT

WORK AT WORK

22. I certify that I took charge of the remains described above, held an .

the evidence obtained by said Autopsy. Inspection or Inquiry, find that said deceased died on the day stated above,

and death in my opinion resulted from: natural causes \$\mathbb{R}\$, accident □, suicide □, homicide □, undetermined □.

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. DATE 11-8-50 Mt. Auburn Burial REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR DATE RECEIVED BY

238. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER .....

MEDICAL INVESTIGATOR 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) Baltimore Cem

21F. HOW DID INJURY OCCUR?

21c. WHERE DID

INJURY OCCUR?

LOCAL REGISTRAR heating for Milliants, M V S 151 7408F

10. Frances O Here

Autopsy, Inspection or Inquiry

NO X (If in Baltimore City, give exact location)

thereon and from

ADDRESS

March Professor

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: before admission) A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location' (If cutside corporate limits, waite RUKAL and give INSTITUTION LOUNS HOPKINS BOSPITAL D. STREET ADDRESS (If runal, rive location) Yrs. Mos. malon c. Length of stay in Baltimore Days 9. AGE (In years | H Under | Year | H Under 24 Hours | last birthday) | Months | Days | Hours | Min. 6.COLOH OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) 10A. USOAL OCCUPATION (Give kind of ork done during prost of working life, even if retired) ACE (State or foreign country) 12. CITIZEN OF 10B, KIND OF BUSINESS OR work done during INDUSTRY WHAT COUNTRY? nerca 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. WRMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, po or unknown) (If yes, give war or dates of service) SECURITY NO. TORKS HOPEIES ROSPITAL INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERA 218. PLACE OF INJURY (e. g. vin or ) 21c. WHERE DID Baltimore Cky, give 21A. ACCIDENT, SUICIDE, about home, farm, factory, street, office bldg., etc.) (Specify) INJURY OCCUR? HOMICIDE D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?

21E. INJURY OCCURRED 21 WHILE AT WORK NOT WHILE AT WORK AT WORK deceased alive on / (1950), and that death occurred at 23A., SIGNATURE (23B. AD

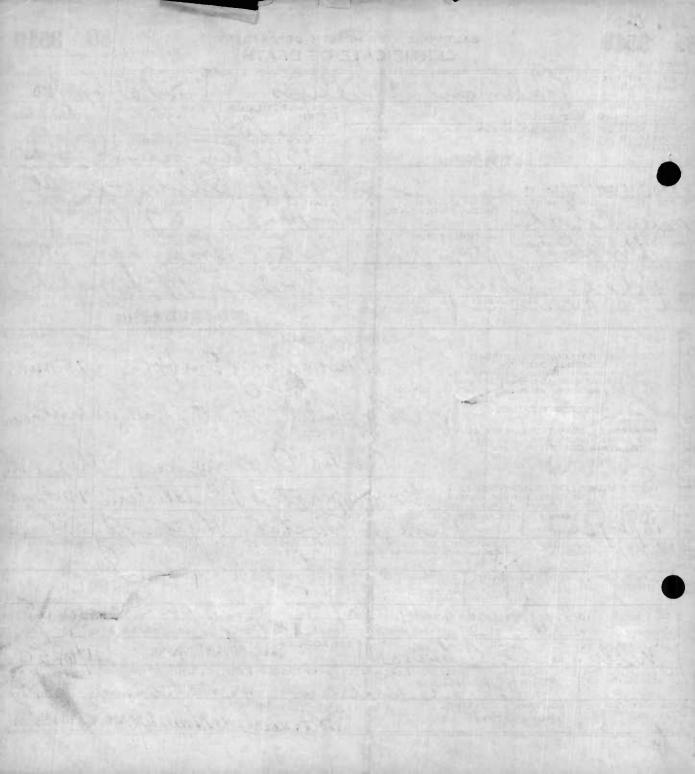
1970, to // 6, 1950, that I last saw the urred at 8 m., from the causes and on the date stated above.
238. ADDRESS 1988 HUYKIES HUSPITEL 23c. PATE/SIGNED

24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. DOCATION (City, to TION, REMOVAL (Specify) 10 1950

DATE RECEIVED BY REGISTRAR'S SIGNATURE S. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR ADDRESS W. Biddle St.

VS 150

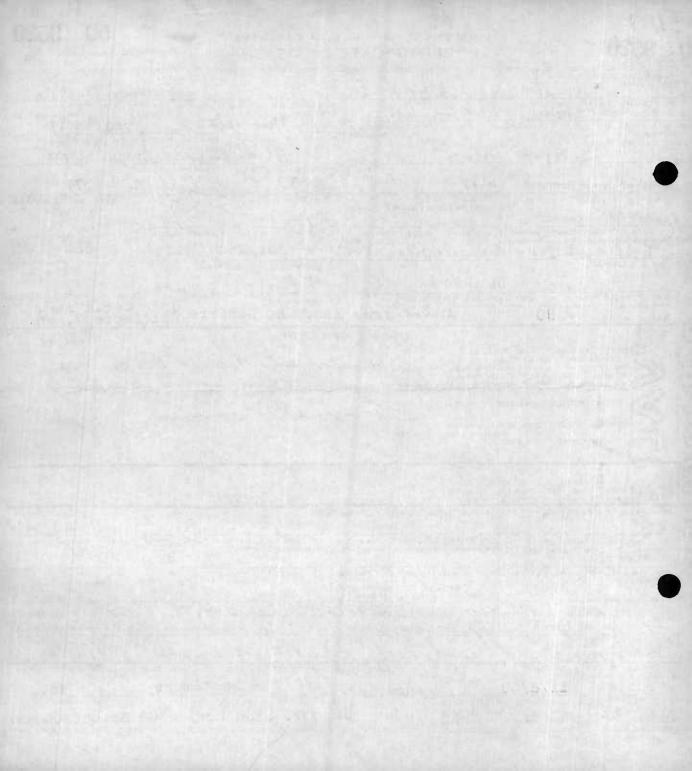
30E



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

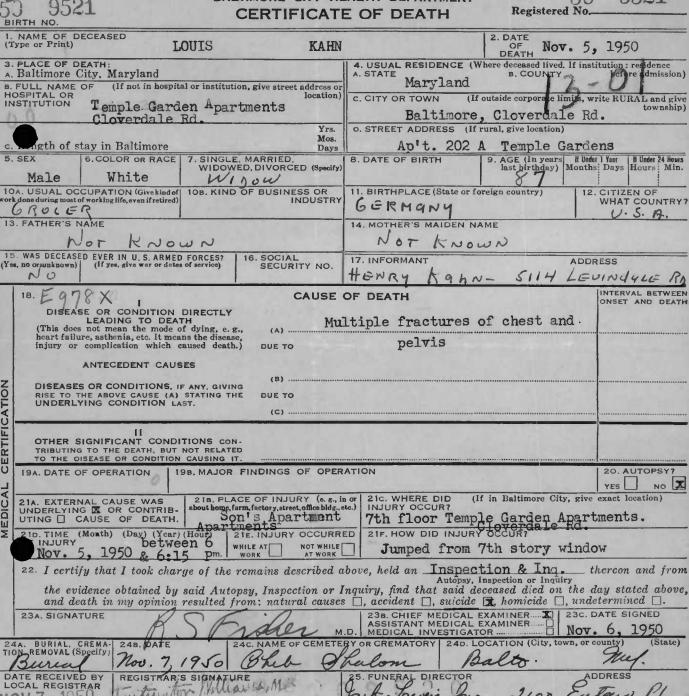
50 9520 Registered No.\_\_\_\_

BIRTH NO.	E OF BEATH
1. NAME OF DECEASED JOHN LA BARRE	2. DATE. OF A/OU (T. 1015)
a. Baltimore City, Maryland St. Agnes Hosp.	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	maryland Baltimore
St. Agues Wospital	Baltinese Caton Manor
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR DR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years If Under I Year II Under 24 Hours last birthday) Months: Days Hours; Min.
Male White Married	to 1-6-01 4g
OA. USUAL OCCUPATION (Give kind of ork dooed during most of working life, even if retired)  Self employed here had a roll	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
doug La Barre	ELSIE GONWAY
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	
(If yes, give war or dates of service)  NO  SECURITY NO.  220-65-5844	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)	of DEATH  istic Certes - Vascular Dreese  ninel Certes
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	YES NO P
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING About home, farm, factory, street, office bldg.,	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	
m. WHILE AT NOT WHILE MY WORK AT WORK	
	, 1950, to Nov. 5 , 1950, that I last saw the
	rred at 11:07 P.m., from the causes and on the date stated above.
23 A. SIGNATURE STEWN D. 12	St. Agnes: Hospital 11/5/50
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 11/8/50 Meadowride	Baltimore Md.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
NUV 1990 Huntrator Villiams 1	John T. Stansbury 2700 Edmondson Ave



# BALTIMORE CITY HEALTH DEPARTMENT

50 9521



151

425 50 9522

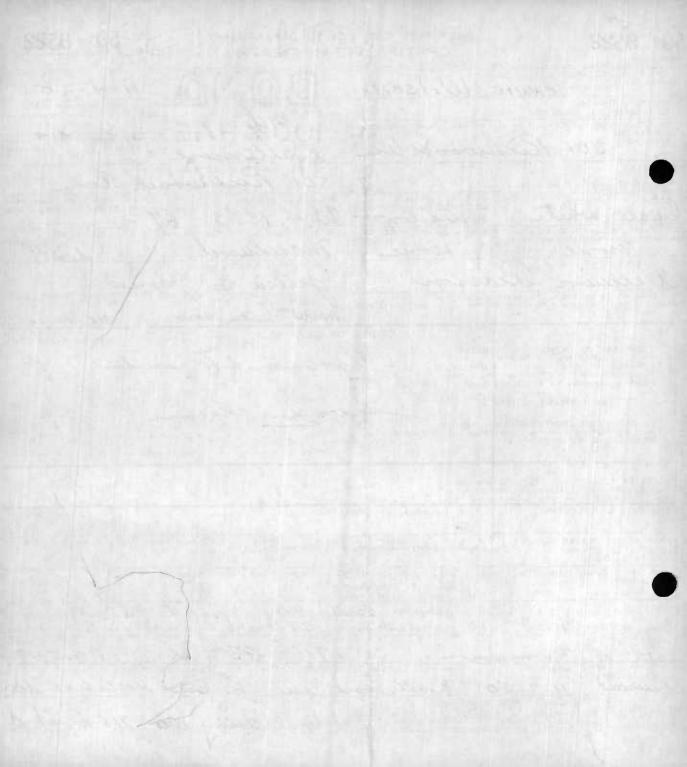
# CERTIFICATE OF DEATH

50 9522 gistered No. 9522

BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) eNNIE WILSON OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR INSTITUTION township) more Yrs. D. STREET ADDRESS (If rural, give location) Mos. ichwood c. Length of stay in Baltimore Days 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED 9. AGE (In years H Under 24 Hours WIDOWED, DIVORCED (Specify last birthday) Months; Days Hours : Min. Widow 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT GOUNT none none 13. FATHER'S NAME MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yee, give war or dates of service) 16. SOCIAL INFORMANT ADDRESS SECURITY NO Parson 315 Warren INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) . heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21p. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NJURY WHILE AT NOT WHILE! WORK 22. I hereby certify that I attended the deceased from Jan 1 - 194 19 , to 11 Dr. 4-14, 150, that I last saw the deceased alive on The Bank 1950, and that death/occurred at L Pm., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED 24A. BURIAL, CREMA-TION, BEMOVAL (Specify) 24B, DATE 24C. NAME OF LOCATION (City, town, or county) (State) Juriak DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS 25. FUNERAL DIRECTOR REGISTRAR

work on how

VILLELILE



B. FULL NAME OF

(Type or Print)

HOSPITAL OR

1. NAME OF DECEASED

3. PLACE OF DEATH: A. Baltimore City, Maryland

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

A. STATE

Md.

PLACIDA CESATI ADAMS

(If not in hospital or institution, give street address or

Registered No.

Nov. 5, 1950

before admission)

2. DATE

OF DEATH

B. COUNTY

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

NSTITUTION	ll Middleton	Court	location	c. CITY OR TOWN (If	outside consorate simit	s, write RURAL and give township)
			Yrs.	o. STREET ADDRESS (If	rural, give location)	
. Length of s	tay in Baltimore		Mos. Days	11 Middleton Co	ourt	
SEX	6.COLOR OR RACE	WIDOV	E, MARRIED. WED, DIVORCED (Specify)	8. DATE OF BIRTH	last birthday) Mo	Under I Year M Under 24 Hours nths Days Hours Min.
Female	White CUPATION (Givekind of	Wide	D OF BUSINESS OR	Oct. 20, 1856 11. BIRTHPLACE (State or for	preign country	12. CITIZEN OF
rk done during most <b>none</b>	of working life, even if retired)		INDUSTRY	?		WHAT COUNTRY?
3. FATHER'S				14. MOTHER'S MAIDEN N	AME	
Angelo Ce				Susan Tout		
5. WAS DECEAS	ED EVER IN U.S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
none			••	Mr. Earl W. Adam	ns 11 Middle	ton Ct.
18. 1/2.	2.1=		CAUSE	OF DEATH		INTERVAL BETWEEN
	SE OR CONDITION	DIRECTLY				ONSET AND DEATH
	LEADING TO DEA's not mean the mode	TH	Garden	ac decomprus	ateur	300yo
heart fail	ure, asthenia, etc. It mes complication which	ns the disea	se,			
madiy of			n.) Doe 10			
	ANTECEDENT CAUS	SES	Fruerala	thris Scheros	LO	5 years
RISE TO	S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	STATING T				
			(C)			
OTHER	II SIGNIFICANT COND	TIONE CO				
TRIBUTIN	G TO THE OEATH, BUT	NOT RELAT	TEO .			- D
	OF OPERATION 1		R FINDINGS OF OPER		***************************************	20. AUTOPSY?
-						YES NO
21A. ACCID HOMICIDE			ACE OF INJURY (e. g., in farm, factory, street, office bldg., s		If in Baltimore City, a	give exact location)
D. TIME	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F, HOW DID INJUR	Y OCCUR?	
INJURY		m.	WHILE AT NOT WHILE			
22. I herei	by certify that I at	ended the	deceased from	128 , 1950, to h	N 5 , 19V	that I last saw the
	live on wy 4			red at/ V. 30 (m., from t		
23A. SIGNA	T. Heeling	wis	2. A M. B. 6	E Beldle St	(	11/6/SIGNED
24A. BURIAL.	CREMY- 24B. DATE		24e. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town,	or county) (State)
TON, REMOVAL ( Burial		17 10	Loudon Donle	Com	. Wa	
DATE RECEIVE		SSIGNAT	Loudon Park	25. FUNERAL DESCTOR	to., Md.	APPRESS /
-ONO NET IS	1950 tusticot	or Will	iausa, Note: 1	2/m. Dache	ner Hous:	- balto
VS 150		3.15			09.	r.cma.

1881 N. 1880 AR I TART OR THE TOTAL OF THE PARTY OF THE P . The property of the same of the same moring the contract of the con

165	
50	9524
BIRTH NO.	
1. NAME O	F DECEASED

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 9524

2. DATE NOV.

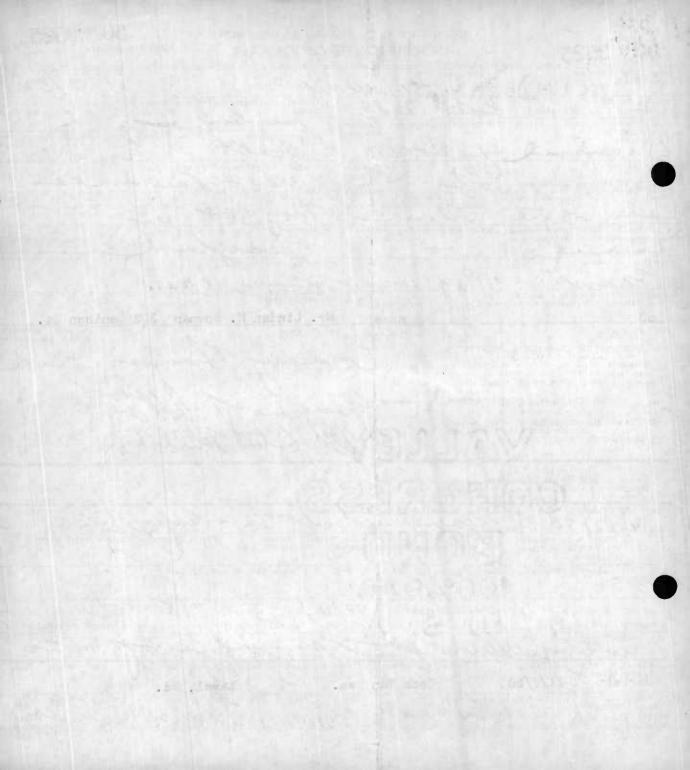
1. (T	ype or Print)	O'B	rieN	Mrs.	ANI	VA Bar	bara	2. DATE OF DEATH	Nov.	6 19.	00
	PLACE OF DEATH: Baltimore City, M		1		- 11	4. USUAL RESID	DENCE (W)	here deceased B. COU	lived. If inst	titution : res before a	idence dmission)
В.			tal or institut	ion, give street a		MAYY AND			MOYE		1301-03
IN	ISTITUTION CL	1 /-	1	31 Hack	+11	BAH.	N (11 c	outside corpor	ate limits, w		township)
9	Cria	ICA /	01-10	9 11030		D. STREET ADDE	RESS (lfr	ural, give loca	tion)	•	
	Length of stay in		69	Years	Mos. Days	3203	Belr	port	Ave		
5.	SEX 6.COL	OR OR RACE	7. SINGLE WIDOW	E. MARRIED.	(Specify)	DATE OF BIRT	гн	9. AGE (ln s	rears It und day) Month	s Days Ho	nder 24 Hours urs Min.
10	CIMALE W	hite		AVYICA OF BUSINESS			881	69			
rorl	doneduring most of working	life, even if retired	at	INC	DUSTRY	1. BIRTHPLACE	(State or for	reign country)	12	WHAT CO	
13	FATHER'S NAME		20	none		Maryland 4. MOTHER'S M	AIDEN NA	ME		usm	
	Charles	JAL	ing e N			Maria	50	hrieb	05		
15 (Ye)	. WAS DECEASED EVER	IN U. S. ARME	D FORCES?	16. SOCIAL	V NO 1	7. INFORMANT	<u> </u>	11/60		RESS	
,	No			SECURIT	I NO.	Mr. Harry	O'Brie	n - 3203	Belmo	nt Ave	•
	18. 447 X			CA	AUSE O	F DEATH	main			INTERVAL ONSET AN	
	DISEASE OR	CONDITION	DIRECTLY	/	7	1 - 1	4	1		-	/
	(This does not m heart failure, asth	ean the mode	of dying, e. 1	g., (A) <b>(</b>	ere	GYAL 1	Temos	YYHA	ge	3 0	LAYS
	injury or compli	cation which	caused death	.) DUE TO						Sever	41
7	ANTEC	CEDENT CAU	ISES	H	Shert	ensive-Vi	9 scular	Dise	se.	Year	7
Ö.	DISEASES OR C			NG A	//		******************				
CAT	UNDERLYING C	CONDITION	AST.	12 002 10							
IFIC		11		(C)			******* ***********	***************************************			
RT	OTHER SIGNIF	CANT CONE									
CE	TO THE DISEASE	OR CONDITIO	N CAUSING	T	- ODEDA				***************	1.00 4.15	O D G V 3
4 L	19a. DATE OF OPE	RATION	19B. MAJOR	FINDINGS O	FOPERA	TION				20. AUT	NO NO
DICA	21A. ACCIDENT, SU	JICIDE,	21B. PLA	ACE OF INJUR'	Y (e. g., in c	21c. WHERE		in Baltimore	e City, give	exact loca	tion)
4EC	HOMICIDE (Spec	ciiy)	about some,	arm, ractory, acreet, c	nuce bidg., etc.	, INJURY OCC	UKI				
2	JD. TIME (Month)	(Day) (Year	r) (Hour)	21E. INJURY O		21F. HOW DI	D INJURY	OCCUR?	Week		
			m.	WHILE AT N	AT WORK						
	22. I hereby certa	ify that, I at					54 to 1		-	hat I last	
	deceased alive on	11/6		and that deat		ed at 6 An	n., from th	e causes ar		date state	
	1111	ed Ca	rroll	,		1 1 1	ne 51	Hoshiz	EAL	11/61	20
2	AA. BURIAL. CREMA- ON. REMOVAL (Specify)	24B. DATE				OR CREMATOR	Y 240 LC	CATION (Ci	ty, town, or	county)	(State)
111	Burial	11/8/	50	Lorr	aine C	em.		lawn, Mo	1. 1		
	ATE RECEIVED BY	Total was	's SIGNATU	1 1 1 1 1 1 1 1	1	5 FUNERAL DI	RECTOR		of JA	DDRESS	
	MOA 1 - 1996	***********	0/101 /11/	walls, m'		//mi	: U	rener	IXA	10.	
	VS 150	Part				//			0	6 3 M	
						V			00	= 6	

. SVA Principle SLSS - nothing the all . est AND A GOOD AS A STATE OF THE PARTY OF THE PA

VS 150

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STACE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write HURA) and give C. CITY OR INSTITUTION township) MA Q D. STREET ADDRESS (If rural, give location) Yrs. Mos. ngth of stay in Baltimore 338 Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under I Year 9. AGE (in years) If Under 24 Hours WIDOWED, DIVORGED (Specify) last birthday) Months; Days Hours; Min. in derved (0 GA. USUAL OCCUPATION (Givekinder) 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNT 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mr. Linden H. Bowman nO 302 Denison St none 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) .. heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. ERTIFICA OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICA 2 VB PLACE OF NJURY (e. g. in or ebout home, ferm, factory, street, office bld \_ctc.) 21A. ACCIDENT WAS UNDER-1c. WHERE DID (If in Baltimore City, give exact location) NJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK 1952 , 195 that I last saw the 22. I hereby certify that Lattended the deceased from 10 deceased alive on\_ 11 1950 and that death occurred at. 6 25 m. from the causes and on the date stated above. 23B ADDRESS 23c. PATE-SIGNED 60 24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) 1/8/5 24c. NAME OF CEMETERY OR CREMATORY 246. LOCATION (City, thwn, or county) 8/50 Rock Run Com. Level. DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR Hilliails, M Theuterator



V.	530			501	5MIDT	. ,	0500
BI	RT 9526			ERTIFICAT	E OF DEATH	Registered No	9526
1. (T	NAME OF DECE.	ASED Geo	201. E	Sel	_16	2. DATE OF DEATH	4/10
	PLACE OF DEATH Baltimore City,	, Maryland	1 Lie	المداريد	4. USUAL RESIDENCE (Y	Where deceased lived. If in B. COUNTY	stitution : residence before admission)
H	FULL NAME OF OSPITAL OR ISTITUTION	(If not in hospit	al of institution	give street address or location)		outside corporate limits,	
1 1	STITOTION	Sean	i /7	torplat	D. STREET ADDRESS (If	annol mino la cation)	township)
7. c.	Length of stay	in Baltimore	let	Yrs. Mos. Days	D. STREET ADDRESS (III	B A	5.2.00
5.	Mule le	COLOR OR RACE	7. SINGVE, I		8 DATE OF BIRTH		der i Year H Under 24 Hours hs Days Hours Min.
	A. USUAL OCCUP done during most of worl		SHEET	F BUSINESS OR INDUSTRY	1. BIRTHPLACE (State or for	oreign country)	2. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAMI	8.1	and le	1	14. MOTHER'S MAIDEN N	AME	/
15 (Yes	DECEASED EN	VER IN U. S. ARMEI I yes, give war or date	D FORCES? 1	6. SOCIAL SECURITY NO.	17. INFORMANT	le let 2	PRESS //
	18. 193	X		CAUSE	OF DEATH		INTERVAL BETWEEN
	1 F	OR CONDITION ADING TO DEA mean the mode	TH	Ceret	bral deonne	n sation	
	heart failure, a	sthenia, etc. It mea	ins the disease.	DUE TO DUE		rumor_	
7	ANT	ECEDENT CAUS	ses Medul	blestom	red - prime	m site	151m)
TIO	RISE TO THE	CONDITIONS,	STATING THE	DUE TORRE	llim 1	0	
ICA	UNDERLYING	CONDITION L	AST.			,	
CERTIFICATIO	OTHER SIGN	II IFICANT COND	ITIONS CON-	(c)	2		
CE	TO THE DISEA	THE DEATH, BUT	CAUSING IT.	INDINGS OF OPER	RATION		20. AUTOPSY?
SAL	19A. DATE OF O	PERATION	9B. MAJOR F	Brum tu	mer, malign	cant	YES NO
EDICAL	21A. ACCIDENT, HOMICIDE (S	SUICIDE. Specify)		E OF INJURY (e. g., i , factory, street, office bldg.,		If in Baltimore City, giv	ve exact location)
Σ	21D. TIME (Mon	th) (Day) (Year)		E. INJURY OCCURR		Y OCCUR?	
	22 I hamahu aa	nutifact that I at	m. w	ORK AT WORK		11/4 1950	that I last saw the
	deceased alive	on_#	_, 1959. an	ceased from Adrad	rred at 8:05 m., from t	he causes and on the	date stated above.
	23 SIGNATUR	B. C	(Brothy)	м. D.	Street Hou	ritul	1/4/SU
24 TIC	AA. BURIAL, CREMON, REMOVAL (Special	MAY 7		C. NAME OF CEMETE		OCATION (City, town, or	r county) (State)
	ATE RECEIVED BY		S SIGNATURE	w say Alas	25. FUNERAL DIRECTOR		ADDRESS
=	NOV 7 - 195		.,		all define	2 Mora 200	4 Ch. V CE-
	¥3 130			591	3E		549

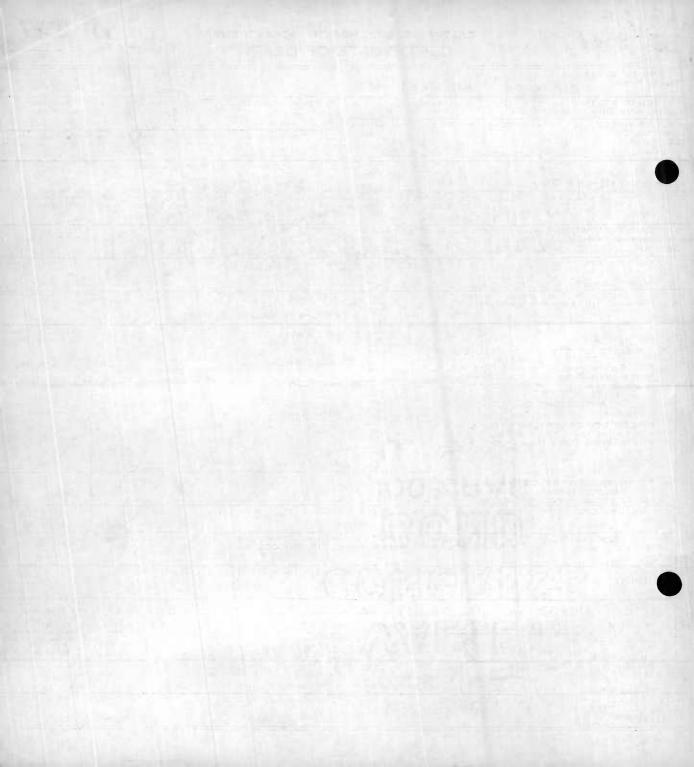
Was the a many lumer of the bran! I so, we then the periman seles? Heccontary plene speed the profette primer. ste of hours Lei Donnert File To - 9526 11-27-50 2 - 1 1/2 1/2 12 12 13 1

+3 2 50 9527	
1. NAME OF DECEA (Type or Print)	SE
3. PLACE OF DEATH A. Baltimore City,	
B. FULL NAME OF	(I

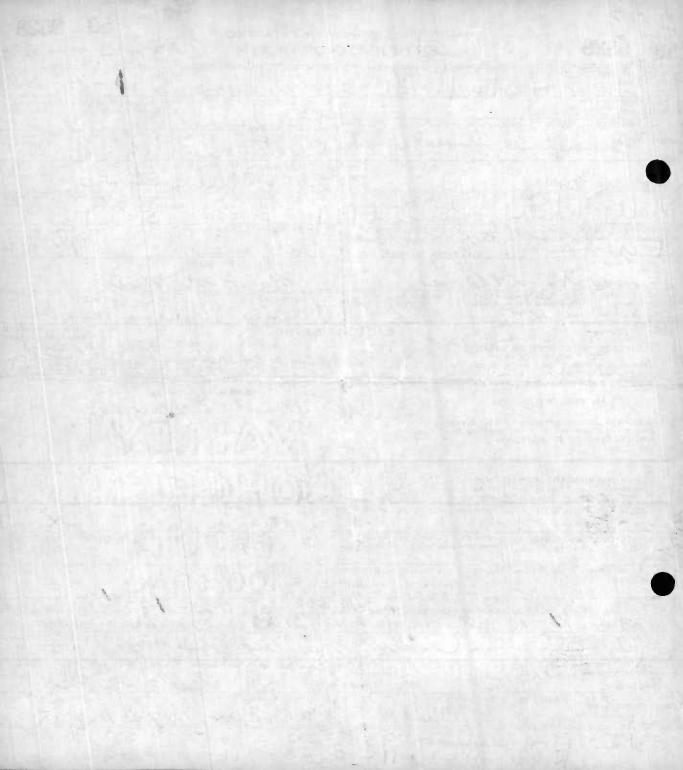
### BALTIMORE CITY HEALTH DEPARTMENT CEPTIFICATE OF DEATH

	50	9527
Registered	No.	

BI	RTH NO.	LICITIONIC	OI DEATH		
	NAME OF DECEASED			2. DATE	
(1	ype or Print) CLARENCE W.	FLETCHER		OF DEATH	105.6,1950
	PLACE OF DEATH: Baltimore City, Maryland		. USUAL RESIDENCE (W		institution; residence before admission)
H	FULL NAME OF (If not in hospital or institution, SPITAL OR STITUTION	In an Admir \	CITY OR TOWN (If	outside cor orace limi	s, write RUKAL and give
ij	Voluntees of america J.	tos pital	Balto -11	1	township)
C.	Length of stay in Baltimore	Yrs. Mos. Days	STREET ADDRESS (If r	. 0.	
	SEX 6.COLOR OR RACE 7. SINGLE, N	MARRIED. 0, DIVORCED (Specify)	May 26,1902	9. AGE (In years last birthday)	onths Days Hours Min.
10 rork			. BIR HPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
7	1 a chinist. Lathe apador -	Lazenbul.	Vuainia		WHAT COOKING
13	FATHER'S NAME	TILE MACH. (M)	MOTHER MAIDEN NA	ME	
	Robert & letcher				
15 Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES? 1, no or nuhnown) (If yes, give war or dates of service)	6. SOCIAL SECURITY NO.	. INFORMANT	A	DDRESS
	no	J.	ohn Landers,	3349 Ma	els Road
	18.4914	CAUSE OF	DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	. 0			
	(This does not mean the mode of dying, e.g.,	(A) 12vo	nchopueumonea		72 Kours
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	OUE TO			
	ANTECEDENT CAUSES	R	machine astems		
Z	DISEASES OR CONDITIONS, IF ANY, GIVING	(B)	by Chial as Thin 4	•	Gears
Ĕ	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	OUE TO			
Ü	one and the control of the control o	0	1.		
Ŀ	man and the second	(c)	monary febroew		year.
ERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED				
U	TO THE DISEASE OR CONDITION CAUSING IT.	UDINGS OF ODERAT	101	• • • • • • • • • • • • • • • • • • • •	LOG AUTODOVA
刂	19a. DATE OF OPERATION 19B. MAJOR FI	INDINGS OF OPERAT	ION		20. AUTOPSY?
U	21a. ACCIDENT, SUICIDE. 21B. PLACE	OF INJURY (e.g., in or	21c. WHERE DID (I	in Baltimore City,	YES NO
ED		, factory, street, office bldg., etc.)	INJURY OCCUR?	in Dammore City,	give exact location)
Σ		INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
		LE AT NOT WHILE			
	22. I hereby certify that I attended the de-		19Jo to	Nov. 6 19-1	, that I last saw the
	deceased alive on Nor. 4, 1950, and	d that death occurred			
	23A. SIGNATURELA		ADDRESS	e cunses and on t	23c. DATE SIGNED
	Kennard Garre	м. р.	310/ W. 12a	ets. It	11-6-50.
24	A. BURIAL, CREMAN ZAB, DATE 1240	NAME OF CEMETERY	OR CREMATORY   240. LC	CATION (City, town	, or county) (State)
TIC	IN, REMOVAL (Specify)	meadown &	idge Do	rsey	nd.
	ATE RECEIVED BY I REGISTRAR'S SIGNATURE		FUNERAL DIRECTOR	0	ADDRESS
	NOV 7 - 1950 Trusting of William	WHE MINE 3	stom. Book, In	c., 1217 1	P. Paul As



452		50 9528
50 0500 BA	LTIMORE CITY HEALTH DEPARTMENT	
BIRTH NO.	CERTIFICATE OF DEATH	Registered No.
1. NAME OF DECEASED Cartus	Morganwillams	2. DATE OF DEATH 10-6-50
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE ()	Where deceased lived. If institution: residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institu	1 1	
institutions and and gla	location c CITY OR TOWN (II	f outside corporate limits write RIWAL and give township)
		rural, give location)
c. bength of stay in Baltimore	Mos. Days 2606 Orlu	ano St #24
	E. MARRIED, Specify)  8. DATE OF BIRTH  3-1892	9. AGE (in years   11 Under   Year   11 Under 24 Hours   Months Days   Hours Min.
	O OF BUSINESS OR 11. BIRITHPLACE (State or f	
13. FATHER'S NAME	14. MOTHER'S MAIDEN N	WHAT COUNTRY?
2/ 115.00.	ma Mary	m M
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no og unknown) (If yes, give war or dates of service)	16. SOCIAL 17. INFORMANT	ADDRESS
Gras W. W. T	SECURITY NO. ada S 2	irlians asolove
18. 180 X	CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	Bear Lieba	To Jenson
(This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disea	8., (A)	rusiases 3-11-50
injury or complication which caused deat	h.) DUE TO	
ANTECEDENT CAUSES	Telt unal C	(1100-0-2)
DISEASES OR CONDITIONS, IF ANY, GIVING THE ABOVE CAUSE (A) STATING T		
UNDERLYING CONDITION LAST.	HE DUE TO  (C)	
OTHER SIGNIFICANT CONDITIONS CO	N. D.A.	O. A.
TRIBUTING TO THE DEATH, BUT NOT RELAT TO THE DISEASE OR CONDITION CAUSING	ED NOVINA WILL	Ulus
194. DATE OF OPERATION 198. MAJOR	FINDINGS OF OPERATION	20. AUTOPSY?
	ACE OF INJURY ( - in late WHERE DID. (	YES NO L
	ACE OF INJURY (e. g., in or 21C. WHERE DID (num, factory, street, office bldg., etc.) INJURY OCCUR?	If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED 21F. HOW DID INJUR	Y OCCUR?
m.	WHILE AT NOT WHILE WORK AT WORK	11-6
22. I hereby certify that I attended the	deceased from 1-10-50, 19, to 9-	28-11-2, 1950that I last saw the
aeceasea alive on 19 30.	and that death occurred at 2100m., from t	he causes and on the date stated above.
marguette Journa	adlu 23B. ADDRESS	Call been 23c. DATE SIGNED
24A. BURIAL CREMA- 24B. DATE		OCATION (City, town, or county) (State)
Burial 19/50	Lorraina	Ballo. Co. Med.
DATE RECEIVED BY REGISTRAR'S SIGNAT		ADDRESS
Mortage of the treater 1	Mianus Me Cook the	: 1217 St. Paul St.
Vs 150Te First admis	even 9-10-50 - 9-	28-50 A.Tra
Final 76	23011-2-50-11-	- 6 - 50



543 50 9529

### CERTIFICATE OF DEATH Registered No... BALTIMORE CITY HEALTH DEPARTMENT

9529

SINTH NO.	- OI BEATH
1. NAME OF DECEASED Laur Ena Hamil	tou   2. DATE Nov 40 1958
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence as STATE B. COUNTY before partition)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR 1506 SORRONTO location)	c. CITY OR TOWN (If outside corporate limits, write Renal and give township)
Cotonial Junsing Home Yrs.	D. STREET ADDRESS (If rural, give location)
c. Dength of stay in Baltimore Days	2115 Wilkens ave
5.85X 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years of Under I Year Months: Days Hours Min.
10A. USUAL OCCUPATION (Givekindof 10B. KIND OF BUSINESS OR For Tone during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
DEAMSTREAM DEKMAN BARA CO.	Sykasville Md WHAT COUNTRY?
13. FATHER'S NAME CLOTINING (M)	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? / 16. SOCIAL	arah nompson
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO 2/4-24-460	8 Ruth E. Mac Kenzie Penducy Rd.
18. 33/1 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	etral accelent 56h
injury or complication which caused death.) DUE TO	ul-te-via
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
E II	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY? YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e	
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from	18 . Jo, 19 , to 11 . 4 - 00, 19 , that I last saw the
deceased alive on 19 and that death occur	red atm., from the causes and on the date stated above.  3B. ADDRESS
Fay S. Femple M. D. 2	203 Chumbe 11-6:10
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER TION, REMOVAL (Specify) 1/7/50 Wood	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS

VS 150

6904G

0830

Marine Marine 1. 11.4-16

3. PLACE OF DEATH:

18. 450.0

B. FULL NAME OF

A. Baltimore City, Maryland

c. Length of stay in Baltimore

(Type or Print)

HOSPITAL OR

INSTITUTION

5. SEX

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2. DATE DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission) (If outside comporate limits, write RURAL, ad give D. STREET ADDRESS (If rural, give location

It Under 1 Year

12. CITIZEN OF

WHAT COUNTR

ONSET AND DEATH

20. AUTOPSY?

last birthday) Months; Days Hours; Min.

A. STATE (If not in hospital or institution, give street address or location) C. CITY OR TOWN

Mos.

Yrs.

Days 7. SINGLE, MARRIED WIDOWED DIVORCED (Specify)

10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR ork done during most of working life, even if retired) INDUSTRY

Coultond Workes - unempl 13. x 0 13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES! (Yes. no or unknown)

6. COLOR OR RACE

16. SOCIAL SECURITY NO

DUE TO

21B. PLACE OF INJURY (e.g., in or

about home, farm, factory, street, office bldg., etc.)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE

OTHER SIGNIFICANT CONDITIONS CON-

TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

11

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

UNDERLYING CONDITION LAST.

21A. ACCIDENT, SUICIDE. (Specify) HOMICIDE

ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY

NOT WHILE! WHILE AT 22. I hereby certify that I attended the deceased from 10/2 3

, 19 Se and that death occurred at . 18 deceased alive on 10/ 23A. SIGNATURE

24A. BURIAL,

TION, REMOVAL (Specify,

CREMATION DATE RECEIVED BY LOCAL REGISTRAR

24c. NAME OF CEMETERY OR CREMATO GREENMOUNT

23B. ADDRESS

25. FUNERAL DIRECTOR

21c. WHERE DID

INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

24D. LOCATION (City, town, or county) BALTIMORE

Im., from the causes and on the date stated above.

(If in Baltimore City, give exact location)

9. AGE (in years

BIRTHPLACE (State or foreign country)

ADDRESS

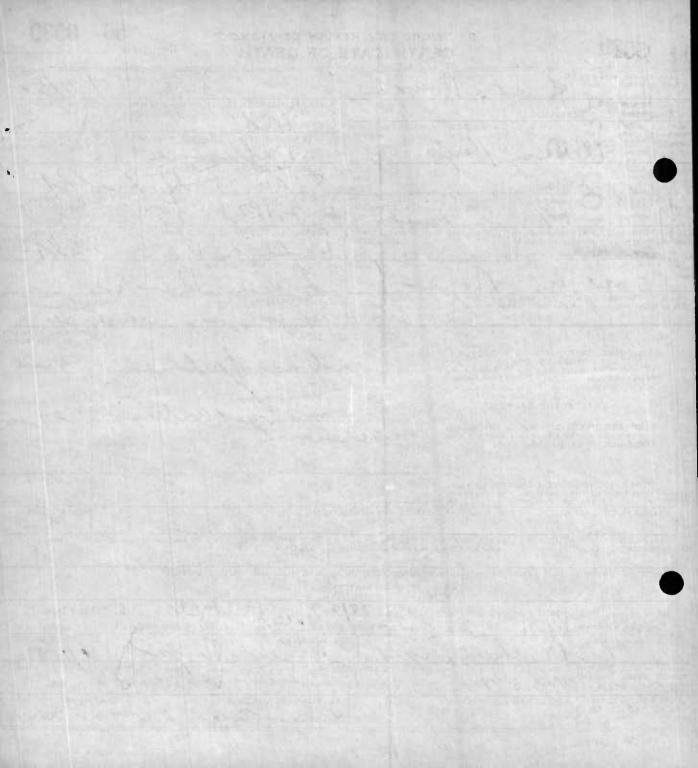
, 195 that I last saw the

23c. DATE SIGNED

ST. PAON S cha. 1217

VS 150

MEDICAL



9531 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE OF 11-5-50 RANCIS W. B HRR 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE BY COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate limits, write RURAL and give CITY OR TOWN INSTITUTION 05 P. township) D. STREET ADDRESS (If rural, give location) Yrs. Mins ngth of stay in Baltimore Casewood Days 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED, WIDOWED DY ORCED (Specify) last birthday) Months: Days Hours: Min. spril 26, 1883 10A. USUAL OCCUPATION (Give kind of 1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work doneduring most of working life, even if retired WHAT COUNTRY Business Mar 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO. ONSET AND DEATH SE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) ..... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES NO 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY WHILE ATT WORK 22. I hereby certify that I attended the deceased from 11-5-50 , 19, , to 1 - 5-50, 19 , that I last saw the deceased alive on 11-5-5019 and that death occurred at6: 10 m., from the causes and on the date stated above.

deceased alive on 1/- 5-50, 19 and that death occurred at 1. The move of the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

4. BURIAL. CREMA: 24B. DATE

12AC. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State)

11ON. REMOVAL (Specify)

cremation 11-9-50 Trees Mount Baltimore MI DATE RECEIVED BY REGISTRAR'S SIGNATURE 125 FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

VS 150

?

Has the costic ancience acterischereles or syptistitus in organ? Dee Domment File 50-9531 11-14-50

Registered No. 9532 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE Type or Print) DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. STATE B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location' C. CITY OR TO INSTITUTION township! If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) 9. AGE (In tears If Under 1 Year If Under 24 Hours last bip Aday) Months: Days Hours: Min. If Under 1 Year | If Under 24 Hours wedswes 10A. USUAL OCCUPATION (Give hind of 10B. KIND OF BUSINESS OR ork done during most of whing life, even if retired) INDUST 1. BLATHPLACE (State or foreign country) 12. CITIZEN OF INDUSTR WHAT COUNTRY? 13. FATHER'S NAME MOTHER'S MAIDEN NAME Kenry 15. WAS DECEASED VFR NO. S. ARMED FORCES? Yes, no or unknown) (If yos/give war or dates of service) 16. SOCIAL 17/INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO -3/39 INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) ... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION EDICA 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? p. TIME (Month) (Day) (Year) (Hour) INJURY NOT WHILE WHILE AT WORK AT WORK 6, 1950 that I last saw the 22. I hereby certify that I attended the deceased from. 11. 4. 19 1. and that death occurred at b fin. from the causes and on the date stated above. deceased alive on 238 ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 244 BURIAL, CREMA 24c. NAME OF CEMETERY OF CREMATORY 240, LOCATION (City, town, for count edeeme

25. FUNERAL DIRECTOR

NOV 7 - 1950 VS 150

DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE

houtington Williams, Me

0934

ADDIVESS

5305

Mr. Hever

# BALTIMORE CITY HEALTH DEPARTMENT

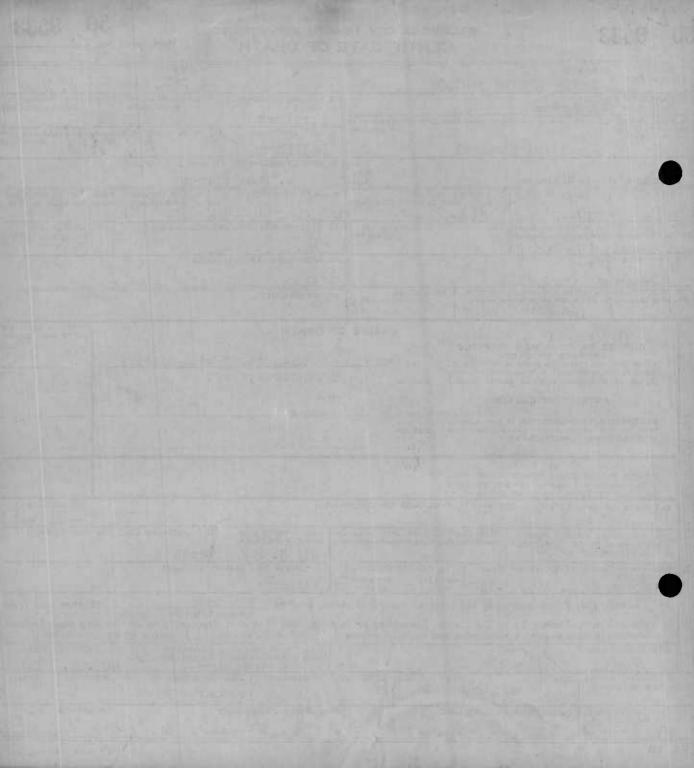
50 9533

D.	DTU	3330	)		CERTIFI	CATE	OF DEAT	Н	Registered N	0	
1.	NAM	E OF DE	ECEASED						2. DATE		
(T	уре о	r Print)	JAMES CHES	TER JAC	KSON				OF DEATH NOVEM	ber 4.	1950
		ce of De	EATH: ity, Maryland				4. USUAL RESIDE	NCE (Wh	ere deceased lived. If i	nstitution:	residence re admission
В.	FULL		OF ('f not in hosp	ital or institu			Maryland				
IN	STIT	UTION				location)	c. CITY OR TOWN	(If or	utside corporate limits	, write RUI	RAL and giv township
3	9		Provident :	Hospita	1	Yrs.	Baltimore p. STREET ADDRE	ee (If ru	ral give location)		
c.			ay in Baltimore			Mos. Days		a Stre			
1	sex		6.COLOR OR RACE	WIDO	E. MARRIED. WED, DIVORCED	(Specify)	8. DATE OF BIRTH	19115	9. AGE (In years   Mor	Under 1 Year   1 ths   Days   1	h Under 24 House Hours Min
10	A. US	UAL OCC	UPATION (Give kind	10B. KIN	D OF BUSINES	S OR	11. BIRTHPLACE (S	State or fore	40	12. CITIZE	NOF
	al	au	Jordan il retired	1)	INI	DUSTRY	Vergin	ia			COUNTRY
13	. FAT	HER'S N	AME /	, )	184-19-11		14. MOTHER'S MA	IDEN NAM	ME O		
15	WAR	DECEASE		m			Virgene	v	Robinso	~	
(You	Te or	unknown)	EVER IN U. S. ARMI	ton of nervice)	16. SOCIAL SECURIT	Y NO.	17. INFORMANT		AC	DRESS	
	18.	E 00	11		C	AUSE O	F DEATH				AL BETWEE
		DISEAS	E OR CONDITION							ONSET	AND DEAT
	(	This does	LEADING TO DE. not mean the mode	of dying, e.	g., (A) Gu	nshot	wound of ch	est wi	th massive		
	h	eart failur njury or	e, asthenia, etc. It me complication which	eans the disea caused deat	ise,		hemothorax,				
			ANTECEDENT CAL	ISES							
z	_	NEFACEC	OR CONDITIONS,	IF ANY CIVI	(8)	••••••	***************************************	***********	***************************************	*****	***************************************
2	R	ISE TO TH	HE ABOVE CAUSE (A	) STATING T							
F		NOLKE	ing combinion i	-A51.	(C)	••••••	***************************************		***************************************		***************************************
FIG			11								
ERTIFICATION			GNIFICANT CONE								
CE			SEASE OR CONDITIO							1000	
	19A.	DATE OF	OPERATION	19B. MAJOR	R FINDINGS O	r OPERA	TION			YES Z	UTOPSY7
EDICAL	21A.	EXTERN	AL CAUSE WAS		ACE OF INJUR			ID (If	in Baltimore City, gi		
ă	UND	ERLYING	OR CONTRIB	- 1	, farm, factory, etreet, o	thes bidg.,etc	613 N. Pa		reet.		
M			Month) (Day) (Year		nome 21E. INJURY O	CCURRE					
E		Novem	ber 4. 1950	5.15ª	WHILE AT N	OT WHILE	Firearms				
	22		y that I took cho					autor	SV	thereon	and from
	~						· ·	lutopsy, In	spection or Inquiry		
									eased died on the ], homicide 🖼, ur		
	23 <sub>A</sub>	SIGNAT	URE Volum	XX		M.C	238. CHIEF ME ASSISTANT ME MEDICAL INVE	DICAL EX	AMINER	DV. 4.	
		URIAL, CI MOVAL (Sp	enify	4 01	24c. NAME OF		Y OR CREMATORY		ATION (City, town, o		(State)
			non7=	1950				Man	L. W.C.	Siller-	
		REGISTR		S'S SIGNAT	URE	13	5. FUNERAL DIA	CTOR	2	ADDRESS	850

V S 151

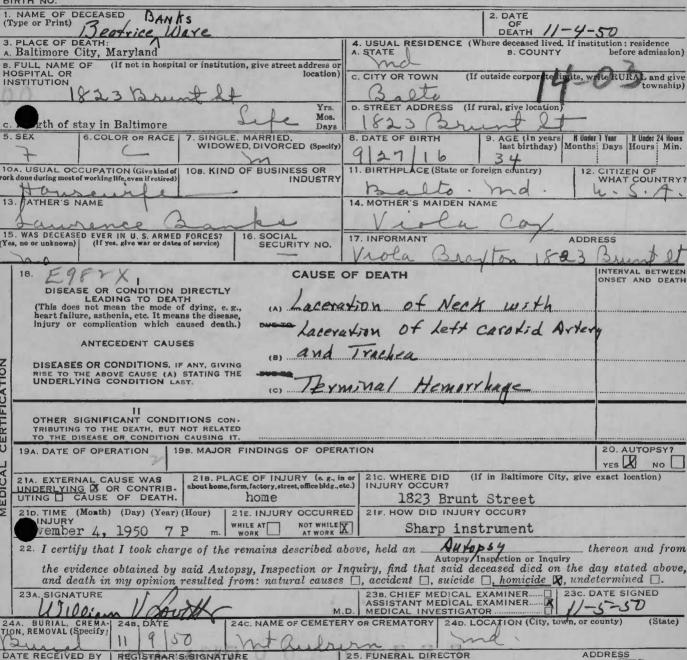
N862.4 5

18624 Williams, M. W. Eines Janis Co. 1432 Joes Stud



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO NAME OF DECEASED BANKS (Type or Print) Ware

9534 Registered Ro



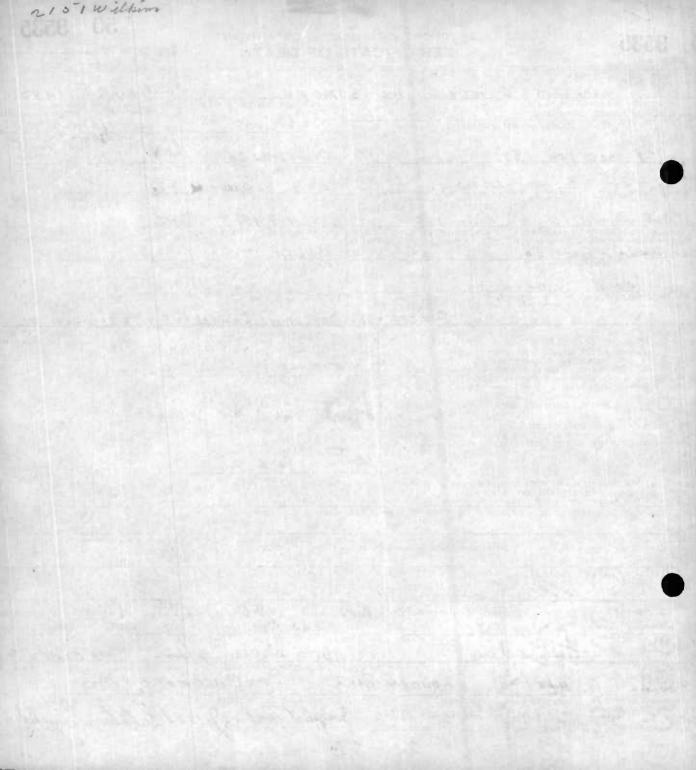
1 Willauts Mi

LOCAL REGISTRAR

V S 151

THE REPORT OF THE RESIDENCE AND ADDRESS OF THE PARTY AND ADDRESS OF THE

0	50					5	0	0505
	9535		Т	U	9535			
В	IRTH NO.		Registered N	0,				
	NAME OF D Type or Print)	ECEASED	_	4		2. DATE OF		
	PLACE OF D		FLME	e Arms	TRONG 4. USUAL RESIDENCE	(Where deceased lived, If i	nstitutio	on: residence
	Baltimore C	City, Maryland OF (If not in host	ital or instituti	on, give street address or	MARY LAND	B. COUNTY	b	e(or indmission)
H	OSPITAL OR	(11 11/01 11/01)	THE OF THE COURT	location)		(If outside orporale limits	owifite i	MURAL and give
		BENTLOW	ST.		BALTIMORE	4		township
0				Yrs. Mos.	D. STREET ADDRESS (	If rural, give location)		
	Length of st	tay in Baltimore	LIFE	Days		OM 571		
3.	N a. C		WIDOW	. MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years Hast birthday) Mor	Under 1 Year ths Da	
10	PALUSUAL OC	CUPATION (Give kind	MAR	RIGD OF BUSINESS OR	MARCHIS 1884 11. BIRTHPLACE (State of	66		
wor	k done during most o	f working life, even if retire	d)	INDUSTRY		roleigh country)		TZEN OF TAT COUNTRY
13	B. FATHER'S N	IAME			14. MOTHER'S MAIDEN	NAME		
		7 100			THE STATE OF THE S	I ALCIVI Co		
15	WAS DECEASE	D EVER IN U.S. ARM	ED FORCES?	16. SOCIAL	17. INFORMANT	۸۲	DRESS	
(Ye	s, no or naknown)	(If yes, give war or de	tes of service)	\$12-05-4276	- 1			
	18. 113 A	V . I			OF DEATH	STRONG 41/3. B		ERVAL BETWEEN
	Tole	SE OR CONDITION	DIRECTLY	0,7032	A O		ONS	SET AND DEATH
	(This does	LEADING TO DE	ATH of dying, e.g	(A) Cel	very There	Mosis		
	heart failu	rc, asthenia, etc. It m complication which	eans the disease	θ,	O .			
		ANTECEDENT CAL	JSES	19	T . O			
Z	1.32			(B)	terlenning GVI	Y Daniel		
Ë	RISE TO T	OR CONDITIONS	) STATING TH					
FICATION	ONDERE	ING CONDITION	LASI,	0.	T			
上		н		(C)	Completor of			
ERTI		IGNIFICANT CON						
Ü	TO THE D	F OPERATION	ON CAUSING I		PATION	***************************************		
AL	ISA. DATE O	FOFERATION	198. MAJOR	FINDINGS OF OPEN	KATION		YE	S. AUTOPSY?
EDICA	21A. ACCIDE HOMICIDE	NT, SUICIDE,		CE OF INJURY (e.g., i		(If in Baltimore City, gi		
	HOMICIDE	(Specify)	about nome, is	rm, factory, street, office bldg.,	etc.) INJURY OCCUR?			,
Σ	21D. TIME (	Month) (Day) (Yea	r) (Hour)   2	1E. INJURY OCCURR	ED 21F. HOW DID INJU	RY OCCUR?	1	
	THIS O'K!		m. W	WORK NOT WHILE				
	22. I hereby	y certify that I a	ttended the	deceased from Ne	V ,1944 to	NS 1983	that I	I last saw the
	deceased al			and that death occur	rred at 6:00 P.m., from			
	23A, SIGNAT	URE LINA	1	* 2	23B. ADDRESS	0	23c. I	DATE SIGNED
2,	4A. BURIAL, C	REMA- 24B. DATE	your,	M. D. 4C. NAME OF CEMETE	RY OR CREMATORY   24D.	LOCATION (City, town,	or count	y) (State)
TI	ON. REMOVAL (S	nacify 1		LOUDEN PAR			70.	
_	ATE RECEIVED		R'S SIGNATU		25. FUNERAL DIRECTOR	100	ADDRE	- S4
LO	N 7 - 195		iter Mill	causes, Man o	Joseph J. Combine	9 1328 chille	mich	min al
AI	VS 150		too'			n. Company	P	0
				2905	E		1:	3/a-
							1.0	



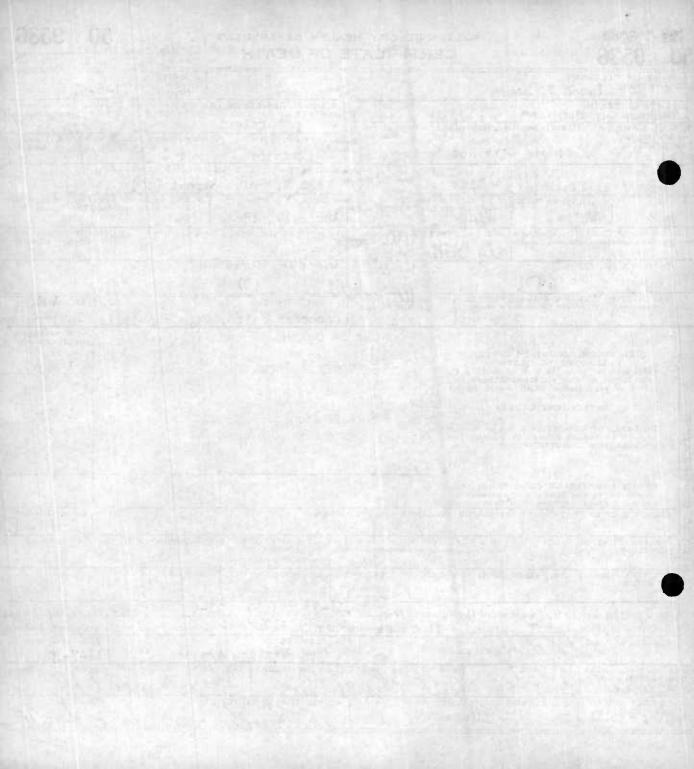
ES-143062

## BALTIMORE CITY HEALTH DEPARTMENT

50 9536

1112.

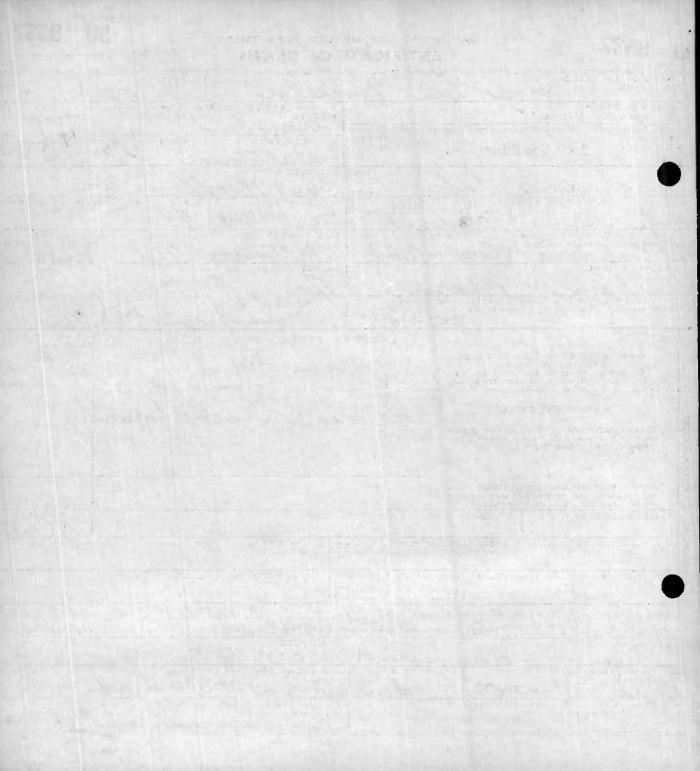
34	TH NO DO	66		CERTIFICATI	OF DEATH	negisteret	I NO.
1. 1	NAME OF D pe or Print)		wen			2. DATE OF DEATH	1-6-50
s. PLACE OF DEATH: a. Baltimore City, Maryland					4. USUAL RESIDENCE ()	Where deceased lived. B. COUNTY	If institution: residence before admission)
B. F	ULL NAME		tal or instituti	on, give street address or	Maryland	b. 0001(111	I L
	SPITAL OR		10 83	location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
Baltimore City Hospitals					Baltimore		
Yrs. Mos,					D. STREET ADDRESS (If rural, give location)		
c. Length of stay in Baltimore Days					632 N. Brice Street (17)		
5. 9	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify)				9. AGE (In years	Months; Days Hours Min.	
M	ale	White			April 17, 1862   88		
1 OA	. USUAL OC	CUPATION (Give kied o	10B. KIND		11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF
1	etho!	V STATE OF THE CONTRACT OF THE	Plu (	ater DOLOTRY	Maryland		WHAT COUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDE						AME	
(D)					(D)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (es. 00 or ookoown) (If yes, give war or dates of service) SECURITY NO					17. INFORMANT		ADDRESS 4940
Y es,	oo or ookoown)	(II yes, give war or dat	es of service)	SECURITY NO.	Records* Balto.	Cater Warnit	1/10
T	1//	- 1		CALICE		0104 1108010	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,				OF DEATH		ONSET AND DEATH
					nary Infarct		1 Day
							=
	injury or	injury or complication which caused death.) DUE TO					
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				iam		1 Day
5					LSM		<u> </u>
-	(C)					***************************************	
2		OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED					
_ اد	TO THE D	ISEASE OR CONDITIO	N CAUSING I	т		••••••••••	
1	19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION					20. AUTOPSY?	
5 -	21A ACCIDENT, SUICIDE.   21B. PLACE OF INJURY (e.g., 10 or   21c. WHERE DID (If in Baltimore City, 1						YES X NO
	21A. ACCIDENT, SUICIDE.  HOMICIDE (Specify)  21B. PLACE OF INJURY (e.g., lo or about home, farm, factory, street, office bldg., etc.)  21C. WHERE DID (If in Baltimore City, give exact location)  INJURY OCCUR?						
≥  -	ID. TIME	D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. H				Y OCCUR?	
	INJURY			WHILE AT NOT WHILE			
-	m.   WORK   AT WORK     11-3						
	22. I hereby certify that I attended the deceased from $\frac{11-3}{11-3}$ , $\frac{1950}{11-6}$ , to $\frac{11-6}{11-6}$ , $\frac{1950}{11-6}$ , that I last saw the deceased alive on $\frac{11-6}{11-6}$ , and that death occurred at $\frac{11\cdot10}{11-6}$ , from the causes and on the date stated above						
-	deceased alive on 11-6 19 50, and that death occurred at 11:10m, from the causes and on the da 23A, SIGNATURE   23B, ADDRESS   23						23c. DATE SIGNED
	208, 010145	C.A. C	ofen	M. D.	4940 Eastern A	venue	11-7-50
	. BURIAL,		1	24c. NAME OF COMETE		OCATION City, to	
rioi	1 Jurid	(pagis) 1/19/	50	mt Pline	1 (om: 9	hed hink	1 wel
DÁ	TE RECEIVE	D BY   REGISTRAR	S SIGNATE	IRE	25. FUNERAL DIRECTOR	1 and	ADDRES
19	AL PEGIRT	30 - to	To Willia	itte Mills	( DT 2000)	21/2291	mondson ave
16,		A MANAGEMENT IN TO			11/1/11/11/11	d Tal UNI	a land

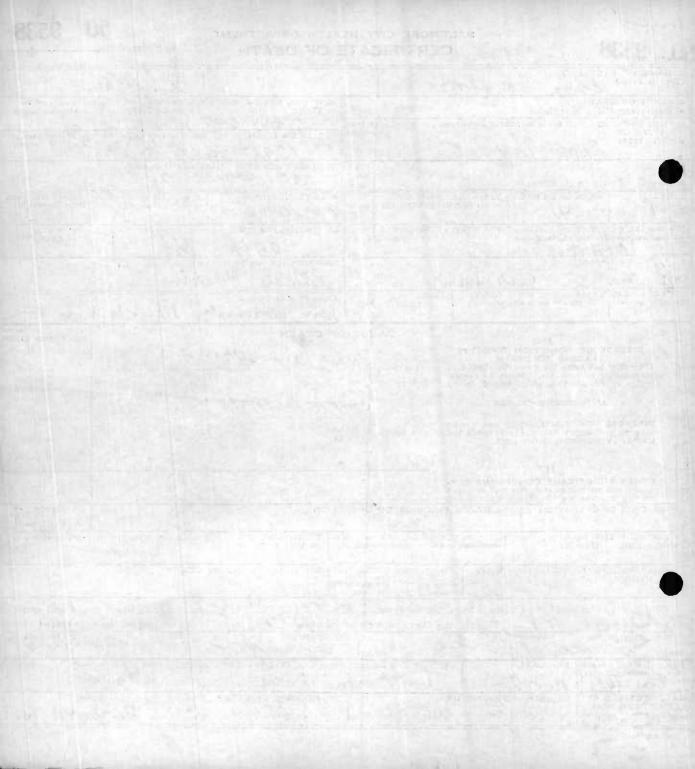


#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 9537 Registered No.\_\_

r)	ype or Print)	Ita	ny I	ee	114	eeler	2	OF DEATH	வர.	4,19	50
	Baltimore C	EATH: City, Maryland	/			4. USUAL RESIDE	NCE (Whe	ere deceased live			sidence admission)
В.	FULL NAME	OF (If not in hos	pital or institutio	n, give stree		mary	lang		De	14	
	OSPITAL OR	3609 Woo	dbine Ave	•	location)	CITY OR TOWN	(If ob	tside corporate	inhis w	rite RURA	and give township)
1			0	1	Yrs.	STREET ADDRE	SS (lf rui	ral, give location	1)		
		tay in Baltimore		le	Mos. Days	36097	Youa	bone	au	س	
1	Male	Mile	WIDOWE	D. DIVORC	ED (Specify)	Dec. 7-18		last birthday)	Month		Under 24 Hours ours Min.
10	A. USUAL OC	CUPATION (Give kind Fronking life, even if retir	od) Pon (	OF BUSINE	ESS OR	1. BIRTHPLACE (S	State or fore	ign country)	1 12	WHAT C	OF OUNTRY?
1	FATHER'S N		- wae	1/6	Joan -	4. MOTHER'S MA	IDEN NAM	E	. 1	10.0	.00
1	Wille	am H.	Whe	elen	,	annie	- E.	Des	nei	/	
15 Ye	WAS DECEASE, no or unknown)	D EVER IN U.S. ARM (If yee, give war or d	TED FORCES?		11TY NO. 5	7. INFORMANT	i b	3	609	RESS	C
-	2011				-,,	- Continued	avier	win	200	INTERVAL	L LA
	18. 334	X			CAUSE O	FDEATH					ND DEATH
	DISEAS	LEADING TO DE	N DIRECTLY		Cene	10	26.4	0		207	Parisa
	heart failu	not mean the mod re, asthenia, etc. It n complication which	neans the disease		<i></i>		pop	any g		043 /	come
1		ANTECEDENT CA			. ~	1		100		,	9
Z				(B)	arler	is Schr	ases 1	reth hupp	ulm	seon	
2	DISEASES	OR CONDITIONS	A) STATING THE	3				01			
4	UNDERLY	ING CONDITION	LAST.								
Ĭ				(C)				,			
2	OTHER S	II IGNIFICANT CON	IDITIONS CON								
T.	TRIBUTING	TO THE DEATH, B	UT NOT RELATED	0							
		F OPERATION	19B. MAJOR		OF OPERA	TION				20. AU	TOPSY?
AL		0								YES .	NO P
יחותי	21A. ACCIDE HOMICIDE	NT. SUICIDE, (Specify)	21B. PLAC about bome, fa	CE OF INJU	JRY (e. g., in c et,office bldg., etc	21c. WHERE D		in Baltimore Ci	ity, give	exact loca	ation)
Ξ	TIME (	Month) (Day) (Ye	on) (Hour)   3	15 INDIED	OCCURRED	21F. HOW DID	IN HIPV	OCCUP?			
	INJURY	Month) (Day) (1e	w	HILE AT WORK	NOT WHILE	ZIF. NOW BIB	INSORT	Jeconi			
	22. I horoh	y certify that V				50gt 6 i	to M	or, H, 1	950 t	hat I las	t sam the
	deceased al	ive on 18V	1950 a	nd that de	eath occurr	d at 6:55 P.m	from the	causes and o	on the	date stat	ed ahove
	23A. SIGNAT		1, 10, 0	na trab ac		. ADDRESS	, , , , , , , , , , , , , , , , , , , ,	4			SIGNED
	Ma	unice &	Alla	mer	M. D.	3300W,	Non	the are	-1	11-6	-50
2. TI	4A. BURIAL, CON REMOVAL (S	REMA- 248 DATE	2	4c. NAME C	CEMETER'	OR CREMATORY	240. LOC	ATION (City, t	own, or	county)	(State)
-	Jurial	1/00	1-00	Loud	con//a	re cem	FOTOR	4510	ner!	DDRESS	
	ATE RECEIVE		R'S SIGNATUR		0 3 2	5. FUNERAL DIR	20105	7010	1 7	12/2 1	LD
A	INV 7 - 19	50 mm	A. I Increase	111300	٤	//wells/	more	awhele	cely	Ngsa	nue
1	VS 150										11-7-11
									08	3 a	





200 9539 SIRTH NO.

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 9539 Registered No.

IRTH NO.	
NAME OF DECEASED Type or Print)  TENNIE S. MAIZE	2. DATE OF NOV. 6. 1950
PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	
ASTITUTION & Cleftmont ave	C. CITY OR TOWN (If outside corporage limits, write RURAL and give township)
Yrs.	D. STREET ADDRESS (If rural, give location)
Length of stay in Baltimore Days	3VI4 CLIFTMONT HUE
SEX 6. COLOR DR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months; Days Hours: Min.
F. W. Nedowed.	aug. 19, 1857 93
DA. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR k done during most of working life, even if retired)	11. BARTHPLACE (State of foreign country) 12. CITIZEN OF THAT COUNTRY?
Housewife	Milheim, ta, MSA-
B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
VIENRY LOOSE	? SCHREFLER.
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
NO NO NONE	Mr. Robert MAIZE 3214 CliftMONTH
18. 420.1 1 CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	sound a solution
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. lt means the disease,	40 100 occurrence
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	regalized asterior Solvonia
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABDVE CAUSE (A) STATING THE DUE TO/ UNDERLYING CONDITION LAST.	
(6)	
OTHER SIGNIFICANT CONDITIONS CON-	0/10 10
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Cakelphily
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	
21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY (e.g.,	n or 21c. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING bout home, farm, factory, street, office bldg.,	
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE	
22. I hereby certify that I attended the deceased from	to hore, 19, that I last saw the
deceased alive on war ( , 19 0 , and that death occu	rred at 9 22m., from the causes and on the date stated above.
23A. SIGNATURE	23B. ADDRESS 23c. DATE SIGNED
Malle Cellatton M. D.	300 8 Walmen Dile 1001-1-30
AA. BURIAL, CREMA- 24B. DATE  11/9/50  BALTING  BALTING	0 - 4.1
ATE RECEIVED BY   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS //
OCAL REGISTRAR	Mildred J. Dught, boog Harloge
VS 150	1 / / / /
	0940

3000 x Military Rept. (20) (10) April 19 (19)

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Robert Clark Nov 4 DEATH 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Md Baltimore (If outside corporate limits, write HURAL and give C. CITY OR TOWN U S Marine Hospital INSTITUTION Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 1209 Linden Ave c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years If Under I Year 7. SINGLE, MARRIED. If Under 24 Hours last birthday) Months Days Hours Min. WIDOWED DIVORCED (Specify) M 1900 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired)
Painter INDUSTRY WHATCOUNTR painter Md KOOFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no og unknown) SECURITY NO wife same INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Cerebral Hemorrhage (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (6) Hypertensive cardiovascular disease DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

TO THE DISEASE OR CONDITION CAUSING IT. 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19A. DATE OF OPERATION EDICA 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21F. HOW DID INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) 21F. INJURY OCCURRED INJURY . 1950, to Nov 4 \_\_\_, 19 50 that I last saw the 22. I hereby certify that I attended the deceased from Nove 4 deceased alive on Nove 4 19 50, and that death occurred at 3 p, m., from the causes and on the date stated above. 23A. SIGNATURE

Nov 4 1950 U S Marine Hospital 24A. BURIAL, CREMA-CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

VS 150

ADED

5/024

Thurston / Villacits, Miles

nest rant rate is a disa me HOLING STORY THE RESERVE THE PARTY OF THE PA and the second s

325 50 9541

# CERTIFICATE OF DEATH

SO 9541
Registered No.

093 d

TRITITIO.					
NAME OF DECEASED Type or Print)	toloine			2. DATE OF DEATH	150
. PLACE OF DEATH: . Baltimore City, Maryland	altimore	Maryland	4. USUAL RESIDENCE (W.		If institution: residence before admission)
FULL NAME OF (If not in hospital OSPITAL OR NSTITUTION	l or institution	on, give street address or location)	c. CITY OR TOWN (If o	outside corporate lin	its, write RURAL and give
South Baltinore Gene	ral Hos	pital	Riviera Beach		township)
		Yrs. Mos.	D. STREET ADDRESS (If r	ural, give location)	(520
. SEX   6. COLOR DR RACE	7. SINGLE	Days Days	B. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year   If Under 24 Hours
Fenale White	WIDOW	ED, DIVORCED (Specify)	6/27/1896		Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of the done during most of working life, even if retired)		OF BUSINESS OR	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
House wife	at hom		New York		WHAT COOKTAIN
3. FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	
5. WAS DECEASED EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknown) (If yes, give war or dates	of service)	SECURITY NO.	Mr. Herbert P. H		Riviera Beach, Md
DISEASE OR CONDITION OF LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which can antecedent Cause (A) UNDERLYING CONDITION LAST OTHER SIGNIFICANT CONDITIONS TO THE DEATH, BUT IT TO THE DISEASE OR CONDITION	H  'dying, e.g. s the disease used death,  ES  ANY, GIVING STATING THI  ET.  FIONS CON- NOT RELATER CAUSING IT	(A) Hy DUE TO  (B) Mag DUE TO (C) Pulse	of DEATH  NEXTENSIVE NEWS  MERICONS USENED  MONEY INSCRIPTION,	Tersian	
19a. DATE OF OPERATION 19	B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH		CE OF INJURY (e. g., ir rm, factory, street, office bldg., e		in Baltimore City,	, give exact location)
ZID. TIME (Month) (Day) (Year)	w	HILE AT NOT WHILE	ED 21F. HOW DID INJURY	OCCUR?	
22. I hereby certify that I atte			650 , 19 , to 11	650 ,19	, that I last saw the
deceased alive on 1116 So		and that death occur	red at N:05Pm., from th	e causes and on	
23A. SIGNATURE B.C. D. QUIR ins	ano	•	38. ADDRESS 213 light street		11 7 50
4A. BURIAL, CREMA- 24B. DATE ON REMOVAL (Spacify)	50 2	4C. NAME OF CEMETE		CATION (City, tow	(State)
ATE RECEIVED BY REGISTRAR'S OCAL REGISTRAR	SIGNATULE	RE aut Mills	25 FUNERAL DIRECTOR	boner Y &	Paro- ballo
	-		1		11/1/1.

moivit ALL STREET IN THE ENDONE OF THE PROPERTY OF 

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 9542

	NAME OF D	ECEASED	TOWADD.	E. STARKEY	•	2. DATE			
_	PLACE OF D	FATH	BUILAU	E. SIARREI	4. USUAL RESIDENCE (\)	DEATH	Nov.		
Α.	Baltimore (	City, Maryland			A. STATE	B. COUN	1TY	befo	re admission)
HC	SPITAL OR			ntion, give street address or location)		Anne f outside corporat	Arund		
	STITUTION	2914 Clift	on Park	Terrace	Riviera Beach	5:	200		township)
c.	igth of s	tay in Baltimore		Yrs. Mos. Days	Asbury & Creek			P.	O. Md.
	sex nale	white	WIDO	E. MARRIED. WED, DIVORCED (Specify) rried	8. DATE OF BIRTH October 10, 187	9. AGE (In ye	ear: Il Unde Month	a l Ysar s Days	lf Under 24 Heurs Hours Min.
ork	dooe during most of	CUPATION (Give kind of working life, even if retire	ed)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12	CITIZE	OUNTRY?
	. FATHER'S N		Keal	Estate	Maryland 14. MOTHER'S MAIDEN N	IAME			
A	ugust St	arkey			Bertha Kimmel				
15 Yes	. WAS DECEASE	D EVER IN U. S. ARM	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDI		-
-					Edward R. Star	key 1621	Shady	side	Rd.
ERDITION	(This does heart failus injury or DISEASE RISE TO TUNDERL'	SE OR CONDITION LEADING TO DISTRICT TO DIS	EATH e of dying, e eans the dise caused dea USES  , IF ANY, GIV A) STATING LAST.	ing the due to	pertensoré ( renovale	compen VD rosig	ration	7.4	and death
7		F OPERATION		R FINDINGS OF OPER	ATION			20. A	UTOPSY7
								YES [	No [
MEDIC	HOMICIDE	(Specify) (Month) (Day) (Ye	about hom	ACE OF INJURY (e. g., ic, farm, factory, street, office bldg., e	tc.) INJURY OCCUR?	If in Baltimore Y OCCUR?	City, give	exact l	ocation)
	22. I horoh	a certify that I	ttended th	e deceased from Q	1950 to 0	200 5	1950,	hat I l	ast saw the
		live on the C	1950	and that death occur	red at 7.38 Pm., from t				
	23A. SIGNA	TURE Weevel	2 flin	frament 2	38. ADDRESS Jall	1 nd		13c. DA	6 11950
24	A. BURIAL.	CREMA- 248. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City	, town, or	county)	(State)
	Burial	11/8/5	0	Western Cem.	Bal	lto., Md.	1		
D/ LC	ATE RECEIVE CAL REGIST	RAR 1950 Hunter	R'S SIGNAT	WE WELL ME O	25 FUNERAL DIRECTOR	knert	Sau	DORESS	alto
	VS 150		Ó	47074			0	93	d.

	PRATE AFTER	
of twinting white		
. 13 . 0 . 3 mmelu apri che decelo, f. gender . Uni		
Second State of Manager		
TO THE RESERVE TO THE PARTY AND ADDRESS OF THE		
的是一个的。	Burney Com	
		la de

#### BALTIMORE CITY HEALTH DEPARTMENT

50 9543

120			CERTIFICAT	F OF DEATH	Registered N	0,
BIRTH NO.			CERTIFICATI	L OI DEATH		
NAME OF DEC	CEASED				2. DATE	
	Amelia	Palese			DEATH Novemb	per 5. 1950
Baltimore Cit	ty, Maryland			4. USUAL RESIDENCE (	Where deceased lived, If i B. COUNTY	nstitution : residence before admission
B. FULL NAME OF HOSPITAL OR NATIONAL	F (If not in hospit	al or instituti	ion, give street address or location)	c. CITY OR TOWN (	ld If outside corporate limits	
, 1 _1	St. Jos	seph's		Baltimo	no 26-	/ O township
E. Length of sta		1.0	Yrs. Mos. Days	D. STREET ADDRESS (I	f rural, give location)	
	COLOR OR RACE	7. SINGLE WIDOW	MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	Clinton St.  9. AGE (In years	Inder 1 Year   H Under 24 Hours ths! Days   Hours   Min.
F	- W.	W	idowed	July.11 1901	1 49   3	25
OA. USUAL OCCU	JPATION (Give kind of rorklog life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
Machine O	perator	Tailor	1 // \	Italy		O,S.
	Tosches			Filomena Del		
5. WAS DECEASED	EVER IN U. S. ARMET	FORCES?	16. SOCIAL	17. INFORMANT	AD	DRESS
res, no or onknowo)	(If yes, give war or date	or service)	218-12-7270	Gloria Andrews	222 0	Clinton St.
CTHER SIGNATE OF LACCIDEN	OR CONDITION EADING TO DEA' not mean the mode of, asthenia, etc. It mes omplication which of the complication which of the complication which of the conditions is above cause (A) NG CONDITION LA CONDITION LA CONDITION CONDITION TO THE DEATH, BUT EASE DR CONDITION OPERATION I	THOMS COMMON CARRING THE CAUSING I CAUSING I CAUSING I 21B. PLA	(B) DUE TO  (C)	o or   21c. WHERE DID	(If in Baltimore City, gr	20, AUTOPSY? YES ND ve exact location)
TINJURY	(onth) (Day) (Year)		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		RY OCCUR?	
22. I hereby	certify that I att	ended the	deceased from Nov	ember 3, 1950 to No	vember 5, 19 5	Pthat I last saw th
		, 19 50.		red at 5:35a m., from	the causes and on th	
23A, SIGNATU	Taul Co	Hay	fr M.D.	38. ADDRESS 11:00 N. Caroline	e St.	23c. DATE SIGNED
24A. BURIAL, CR FION, REMOVAL (Spe Burial				of Jesus Ce. Gen	rman Hill Rd.	and the same of the
DATE RECEIVED LOCAL REGISTRA	AR .	s signatu		Frank Della		ADDRESS . High St.

VS 150

6906E

061.0

The state of the s	The state of the s	
		The series to the selection.

50 9544 9544 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF LOU WILLIE MARTIN DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION tdwnship) I ROVIDENT HOSPITA TIMORE Yrs. D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore NORTH AUE. Days 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) It Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours; Min. FEMALE NEGRO WIDOW -a33-10A. USUAL OCCUPATION (Give kiod of North done during most of working life, even if retired)

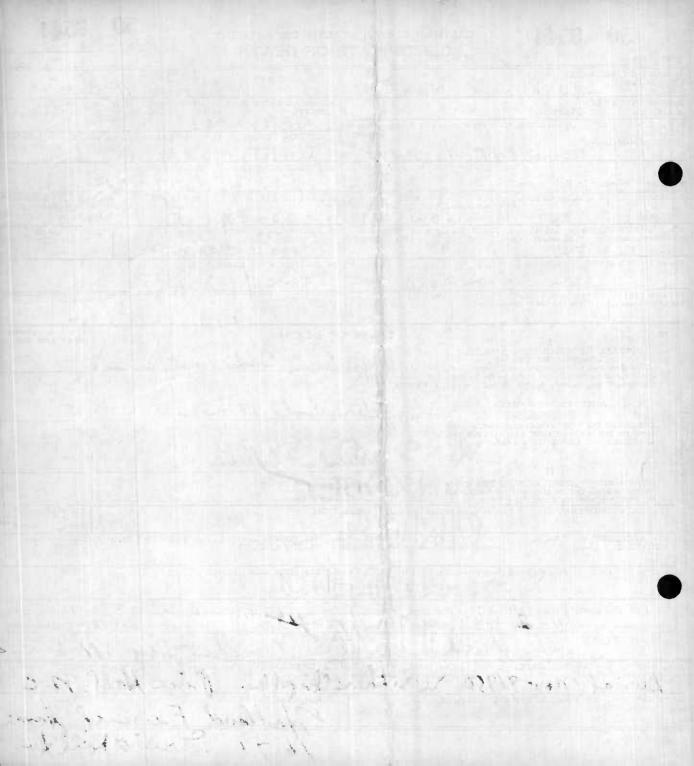
10B. KIND OF BUSINESS OR INDUST 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? HOUSEWIFE 13. FATHER'S NAME VARTH CARELINA 14. MOTHER'S MAIDEN NAME LEIGH SOUTH FIELD LICE HOUST 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (if yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or uokoown) SECURITY NO. 18.42010 CAUSE OF DEATH NTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. ERTIFICA 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS 20. AUTOPSY? EDICAL 21A. ACCIDENT, SUICIDE, 21c. WHERE DID 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Ξ 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE WORK AT WORK . 195 that I last saw the 22. I hereby certify that I attended the deceased from \_, 19 50 deceased alive on 1/-An., from the causes and on the date stated above. . and that death occurred at, 23A. SIGNATURE 23B. ADDRESS CEMETERY OR CREMATOR'

DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

25. FUNERAL DIRECTOR

VS 150

MOV 9 - 1951

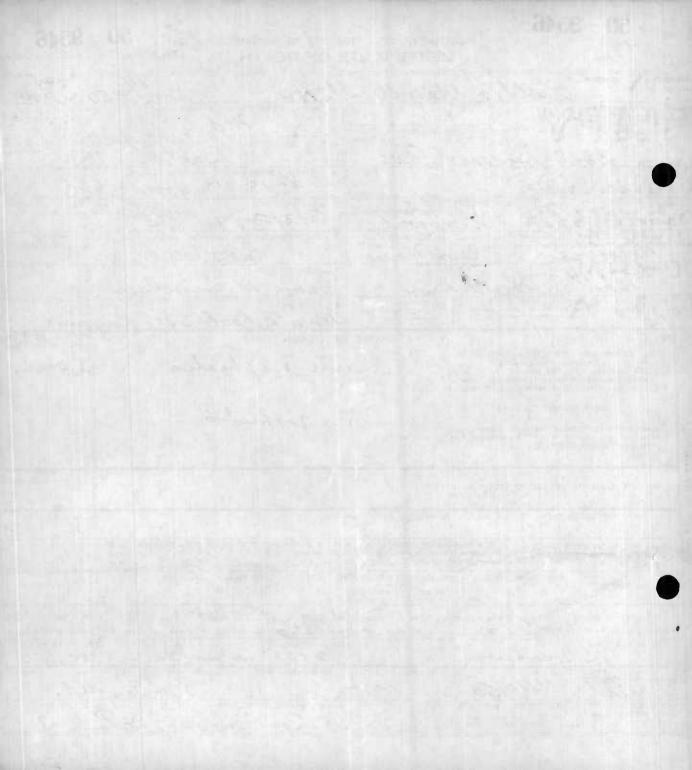


de f. f. beaute, After stone tue. reaster the for all the trees for W. Apartine 1913

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

9546 Registered No.

_							
	NAME OF D	ECEASED	Miz i	May Wit	ling.	2. DATE OF DEATH	16/50 3 5. 11
	Baltimore C	EATH: lity, Maryland			4. STATE		red. If institution: residence
В.	FULL NAME			tion, give street address or		rna Z	7-34
	ISTITUTION	38/8 /	Bauma	s Avs	c. CITY OR TOWN	(If outside corporate	e limits, write RUKAL and give township)
-		78.0 /	Suyunn	Yrs.	D. STREET ADDRI		on)
c.	Length of st	ay in Baltimo	re	Mos. Days	38/8	Bayonn	er aur
5	sex renale	6. COLOR OR RA		E. MARRIED. VED. DIVORCED (Specify)	8. DATE OF BIRTH	9 AGE (In year	
10	A. USUAL OC	CUPATION (Give k	indof 108. KIND		11. BIRTHPLACE	State or foreign country)	12. CITIZEN OF
or	done dering most o	working life, effin if re	tired)	industry	1	Poto Zud	WHAT COUNTRY?
13	FATHER'S N		- /	- II JOIAL	14 MOTHER'S MA	IDEN NAME	
	VOZ	on S.	Henda	3000	Tannia 1	M. Sincla	cs
15 Ye	. WAS DECEASE	D EVER IN U.S. A (If yes, give war o	RMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No			SECONTI NO.	alma R.	Roal 3818	Bayoner Ger
	18. 592	X.		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	E OR CONDITI			7. 2	.01	3/1. 1
	(This does	not mean the me e, asthenia, etc. It	ode of dying, e.	E., (A) ac	ne jej	thules	Diverky
		complication whi					
		ANTECEDENT C	AUSES	01	10	7.	
Z O	DISEASES	OR CONDITION	S, IF ANY, GIVI		nether	, co	
F	UNDERLY	HE ABOVE CAUSE	(A) STATING TEN	HE DUE TO			
<u>Ù</u>				(C)			
Ë	OTHER C	11	NOTELONG				
四	TRIBUTING	GNIFICANT CO	BUT NOT RELATI	ED			
0		F OPERATION		FINDINGS OF OPER	ATION		20. AUTOPSY?
AL		0					YES NO
EDIC		ENT WAS UNDE CONTRIBUTIN		ACE OF INJURY (e. g., i. farm, factory, street, office bldg.,		ID (If in Baltimore (R?	City, give exact location)
Σ	D. TIME (	Month) (Day) (Y	Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
	NJURY		m.	WHILE AT NOT WHILE			
	22. I hereby	certify that I	attended the	6	et 14 195"	to nov 6	1950, that I last saw the
		ive on Nov					on the date stated above.
	23A. SIGNAT	URE 11	1		3B. ADDRESS	0.4	23c. DATE SIGNED
		1 Ital	duy	M. D.	3805/		nor7/50
71 <sup>1</sup>	4A. BURIAL. C	Pecity) 248. DA	I COLO	24c. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (City,	town, or county) (State)
-	Burla	1	10/30	13all	OF FUNEDAL DID	1000	ADDRESS
	ATE RECEIVED	RAR	RAR'S SIGNATI	1674. C	25. FUNERAL DIR	O CO	PO.T
M	DV 8 - 19:	טט	uting ton	Mulaure, M. T.	W- Cook	Juc 1217 5	T. aux V
	VS 150			The state of the s			1211



10 50 9547

## BALTIMORE CITY HEALTH DEPARTMENT

9547

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE Nov. 5. 1950 Martha A. Purks DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location C. CITY OR TOWN (If outside copporate limits, write RURAL and give INSTITUTION 837 M. Franklintown Road township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 837 N. Franklintown Road c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year It Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) | Months Days | Hours | Min. Dec. 25,1868 whi te fem le IOA. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Illinois own home housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hulda Galmore Peter Orr 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. G. W. Taylor, 837 N. Franklintonn Road 1B. 42010 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH montione - Kemipleina (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION NO I 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID 21A. ACCIDENT WAS UNDER (If in Baltimore City, give exact location) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH p. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY 22. I hereby certify that I attended the deceased from Alluke 1:1949 to Nov. 5., 1950 that I last saw the deceased alive on hor 4 1950, and that death occurred at 11.30 Pm., from the causes and on the date stated above, 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED For talvove 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME of CEMETERY OR CREMATORY | 24c. LOCATION (City, town, or county) / (State) Baltimore Maryland burial

DATE RECEIVED BY

LOCAL REGISTRAR

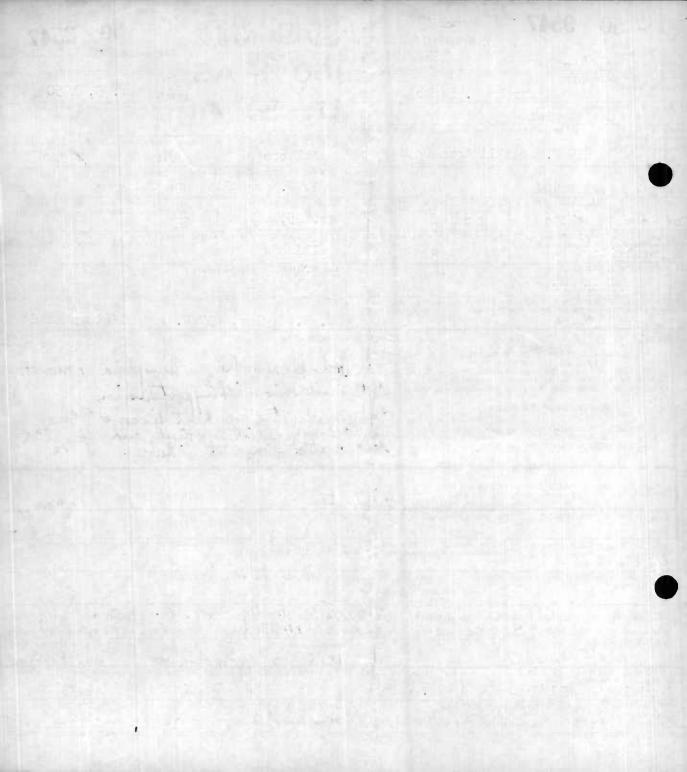
St. Peters

ADDRESS

REGISTRAR'S SIGNATURE tusting tow Williams Mills

25. FUNERAL DIRECTOR Itm Cook Inc

1217 St. Paul Street

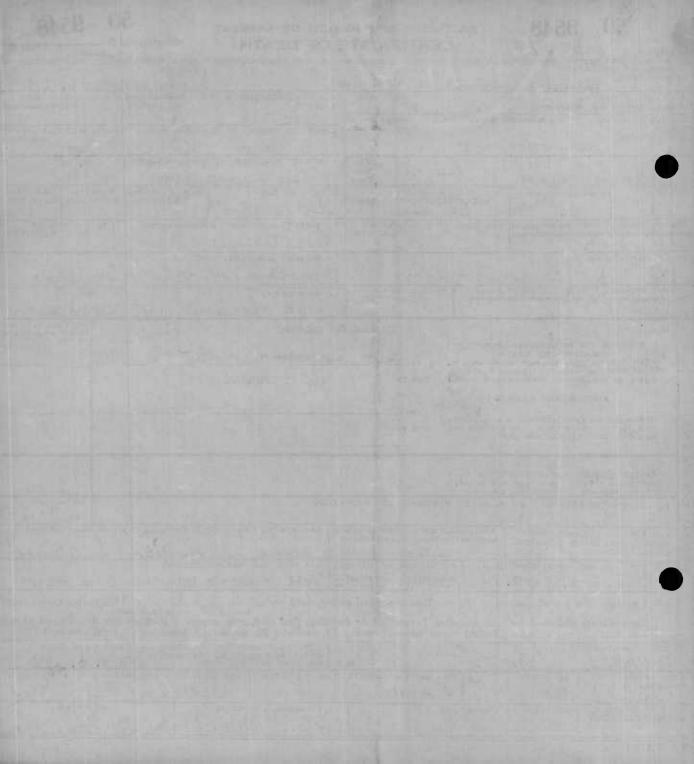


V S 151

## CERTIFICATE OF DEATH

50 9548 Registered No.

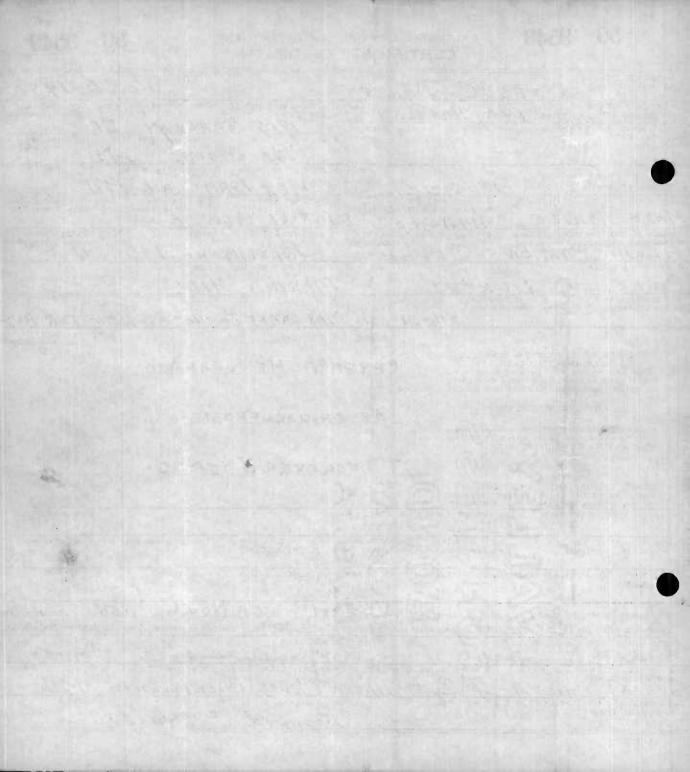
BI	RTH NO.	KP 1104 1					
	NAME OF D	ECEASED				2. DATE	
_		RICHARD LE	E COULSO	ON		DEATH Novembe	
Α.		city, Maryland			4. USUAL RESIDENCE (	Where deceased lived. If insti	itution : residence before admission)
	FULL NAME (	OF ('f not in hosp	oital or institut	tion, give street address or location)	MaryLand	76 4 11	
	ISTITUTION	D C				If outside corporate limits, wi	rite RURAL and give township)
	) _ T	Bon Secour	s nospit		Baltimore	Mark I man ()	
			4	Cike Yrs. Mos.	D. STREET ADDRESS (I		
		tay in Baltimore		Days	1146 Sargear	it Street	
5.	SEX	6. COLOR OR RAC	E 7. SINGL	E. MÁRRIED. VEDÍDIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years If Under last birthday) Months	Year M Under 24 Hours
	male	white	1	nigle	Jet 12, 194	/ 3	
10	A. USUAL OCO	CUPATION (Give kind If working life, even if retire	of 10B, KIND	OF EUSINESS OR	11. BIRTHPLACE (State or	foreign country)   12.	CITIZEN OF WHAT COUNTRY?
	n	vu			Battimor	e md.	WHAT COUNTRY
13	FATHER'S N	IAME			14. MOTHER'S MAIDEN I	NAME	
	Phili	& Jame	s 600	ilson	Dorothy M	, Krickba	um
15 Yes	WAS DECEASE	LEVER NU. S. ARM	ED FORCES?	16. SOCIAL SECURITY NO.	17 INFORMANT	ADDR	RESS
	-			SECONTT NO.	Thilip J. Couls	ww 1146 Da	rocant 8t
I	18. FA 1	17.0		CAUSE	OF DEATH		INTERVAL BETWEEN
ı	DISEAS	E OR CONDITION	N DIRECTLY				ONGE! AND DEATH
ı	(This does	not mean the mode		Second	and third degree	burns of trunk	
	heart failu	re, asthenia, etc. It m complication which	cans the diseas	se,	and extremitie		
				h.) DUE TO	and extremitte	٥	
1		ANTECEDENT CA	USES	(7)			
3		OR CONDITIONS		NG	***************************************	***************************************	***************************************
		HE ABOVE CAUSE (A					
5				(C)			***************************************
1	071150 0	II CON	DITIONS OF				
2	TRIBUTING	IGNIFICANT CON TO THE DEATH, BU	T NOT RELAT	ED			
4		SEASE OR CONDITION		FINDINGS OF OPER	ATION		20. AUTOPSY?
,	19A, DATE O	F OPERATION	ISB. MAJOR	THE INGS OF OF ER	ATTON		YES NO X
ζ,	21A. EXTERN	IAL CAUSE WAS		ACE OF INJURY (e.g., in		(If in Baltimore City, give	
š	UNDERLYING	ON OR CONTRIE		farm, factory, atreet, office bldg., e	tc.) INJURY OCCUR?	14 2218	Jan Sh
L L		Month) (Day) (Yes	1	21E. INJURY OCCURRI	ED 21F, HOW DID INJUF	RY OCCUR?	rrionne
ľ	INHIRY	ber 6,1950		WHILE AT NOT WHILE	The hall backward	ds into tub of h	ot water
Ī	22. I certif	y that I took ch	arge of the		bove, held an Inquir	y & Inspection $t$	hereon and from
ı	the eni	dence obtained b	u said. Aut	onsu Inspection or I	inquiry, find that said	, Inspection or Inquiry deceased died on the d	lau stated above.
	and dec	ath in my opinio	n resulted	from: natural causes	, accident , suicid	$e \square$ , homicide $\square$ , unde	etermined .
	23A. SIGNAT	TURE	11		ASSISTANT MEDICAL	EXAMINER 23c. D	/
	Wille	ans 1/00	WWX		D. MEDICAL INVESTIGA	TOR INOV.	6, 1950
24	AA. BURIAL. CON REMOVAL (S	REMA- 24B. DATE	0	24C. NAME OF CEMETE	OR CREMATORY 24D.	LOCATION (City, town, or p	county) (State)
	Burial	1100.8.	1950	Soudon 1.	ark /	attitude Ce	ly ma
	ATE RECEIVED		R'S SIGNATI	URE	25. FUNERAL DIRECTOR	AD AD	DRESS
1	10 6 3 3 J		UN. 711	Maril 11 9	M. Hus. John Yr. Ye	refelo Son 5311 E	amondson
V	S 151 N	947.7	100			181.0	ave.
		11-1				10.10	Table 1 and



1. NAME OF DECEASED

#### CERTIFICATE OF DEATH Registered No. 9549 BALTIMORE CITY HEALTH DEPARTMENT

1. NAME OF DECEASED TAMES . C. DORSEY	6-1950
B. PLACE OF DEATH:  A. Baltimore City, Maryland 1909 BARCLAY. STA. STATE  B. COUNTY  B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or 1909 JOARCAAY.	57. ts, write RURAL and give
BALTIMORE 1	1 D township)
Yrs. O. STREET ADDRESS (If rural, give location)	12-04
c. Length of stay in Baltimore AIFE TIME Days   1909 TOAR CLAY	70
	If Under 1 Year   If Under 24 Hours onths Days Hours Min.
IOA. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR INDUSTRY INDUSTRY	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	05
CORNELIOUS DORSEY. MARTHA HILL	
1 es, no or unknown) (11 yes, give war or dates of service)   SECURITY NO.	ADDRESS
	CHESTER AVE
18. 002X	ONSET AND DEATH
OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) CEREBRAL HEMORRHAGE	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	
T.B. FOROVER 3 TEARS	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21B. PLACE OF INJURY (e.g., in or later) 21C. WHERE DID (If in Baltimore City, about home, farm, factory, street, office hildg., etc.) INJURY OCCUR?	give exact location)
D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?	
INJURY MHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from SEPTI, 1954 to Nov. 6, 191	hat I last saw the
deceased alive on Mo Y. 6, 1950, and that death occurred at 1.30 n., from the causes and on	
231. SIGNATURE 238. ADDRESS 1404 A. R. 1907 Grand Lab.	230 DATE SIGNED
24A. BURIAU CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town 170), REMOVAL (Specify)	n, or county) (State)
AURIAL WOV.9-30 BLEW HAVEN EIM. GLENIOURIVI	E 17D
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR  REGISTRAR	ADDRESS
VS 150	
3906K	0131-



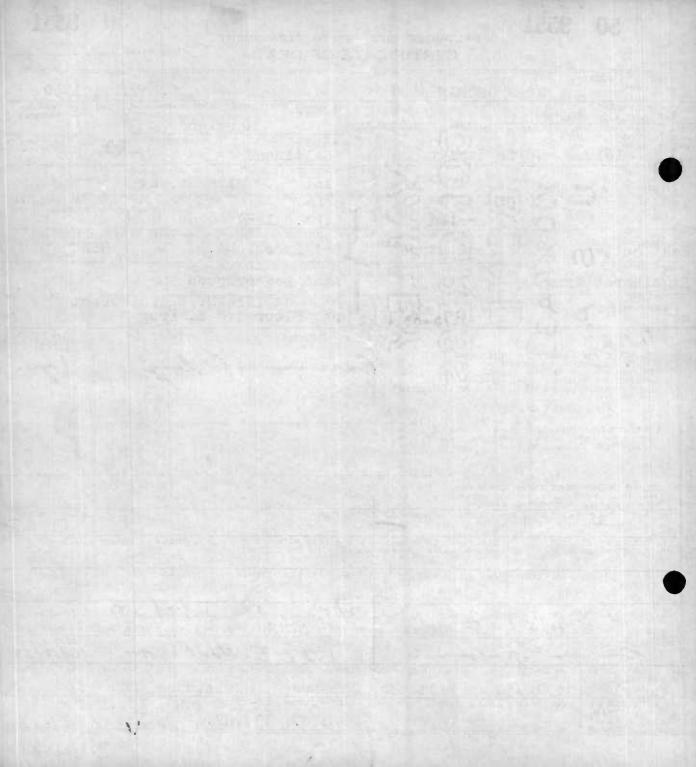
Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE GROSS JOHN WESLEY (Type or Print) OF Nov. 4, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside eorporate limits, write RURAL and give INSTITUTION township) St. Agnes Hospital Baltimore o. STREET ADDRESS (If rural, give location) Yrs. Mos. 107 N. Bradford St. ength of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) AGE (In years | | f Under | Year | | f Under 24 Hours | last birthday | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify) 10 Male White 10A. USUAL OCCUPATION (Givekind of) 108, KIND OF BUSINESS OR 12. CITIZEN OF work doneduring most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME MAIDEN NAME endrew 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (If yes, give SECURITY NO. CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Mediastinal Emphysema (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO With Mediastinitis injury or complication which caused death.) ANTECEDENT CAUSES rushed Chest DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION YES X (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or | 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIBabout home, farm, factory, street, office bldg., etc. Balto. Cour? Nine Mile Hill, Frederick Rd. UTING | CAUSE OF DEATH. etween Catonsville & Ellicott City Street 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED Auto & truck collison 1 31. 1950 NOT WHILE 22. I certify that I took charge of the remains described above, held an Autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural eauses  $\square$ , accident  $\square$ , suicide  $\square$ , homicide  $\square$ , undetermined  $\square$ . 23B. CHIEF MEDICAL EXAMINER ... 23c. DATE SIGNED 234 SIGNATURE ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or eounty) TION, REMOVAL (Specify) salts. derick Rd. Dolto mid Och. 8 -ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FMNERAL DIRECTOR LOCAL REGISTRAR Doen N862.0

THE WEST STREET Acres Barre

9551

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE DEATH NOV. 7, 1950 JOHN GEORGE KRUG 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTO before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give 1614 N. Wolfe Street township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 1614 N. Wolfe Street Life c. Length of stay in Baltimore Days 5. SEX 8. DATE OF BIRTH 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) If Under 1 Year If Under 24 Hours last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Sept.8,1884 Married 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF Meat cutter Food stores of IIS HAT COUNTRY Baltimore, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Anna Leaderhosen Engelhardt Krug 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANTIOL4 N. WOLFE STITEST SECURITY NO. Mrs. Fleurette E. Krug no 2-03-1352 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Carcinin of lung LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION (B) . DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION MEDICAL NO L 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE AT WORK WORK 1950 to\_ . 1950, that I last saw the 22. I hereby certify that, I attended the deceased from... 19 50 and that death occurred at 4:30 Am., from the causes and on the date stated above. deceased alive on\_ 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE Baltimore, Md. Baltimore Cemetery burial HAD NERSYA HIDECTOR SONS. INC. ADDRESS DATE RECEIVED BY LOCAL REGISTRAR BALTO., 13,5 MD)

VS 150



146	9552
BIRTH NO.	

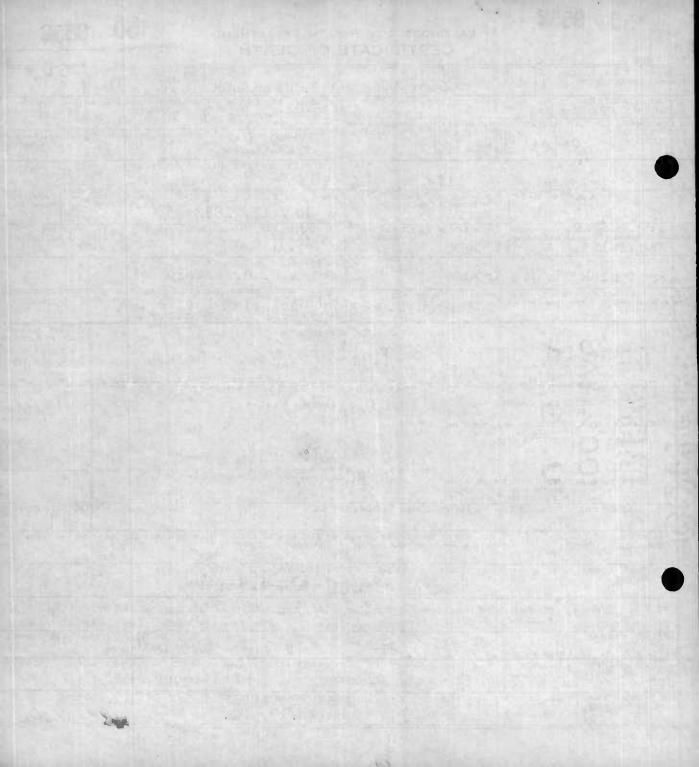
#### BALTIMORE CITY HEALTH DEPARTMENT

50 9552

	RTH NO.		CE	RTIFICATI	E OF DEATH	-1	Registered N	0
_	NAME OF D	ECEASED A	0	900		121	DATE	
(T	ype or Print)	un	na Loe	fler ANN		LER _	OF DEATH	1.4.50.
	PLACE OF D	EATH: City, Maryland		9.0	A STATE	0 (	deceased lived, If B. COUNTY	institution : residence before admission)
В.	FULL NAME		tal or institution, giv			lana		
IN	OSPITAL OR ISTITUTION	hortors	Hospital	location)	c. CITY OR TOWN		le corporate limit	s, write RURAL and give township)
				Yrs. Mos.	D. STREET ADDRE	1 1/2	Ca A Section	
		tay in Baltimore	Life	Days	408 9010			
5.	sex F	6. COLOR OR RACE		RRIED.	May 17		GE (In years Mo	onths Days Hours Min.
1 C	A. USUAL OC done during most of Housew	CUPATION (Give kind of working life, even if retired	at home	USINESS OR INDUSTRY	11. BIRTHPLACE (S		country)	USA TOUNTRY
13	FATHER'S		40 1101110		14. MOTHER'S MA		1	
		ick August			Bertha D. (	Greenwa	ld	
(Ye	s, no or unknown)	D EVER IN U.S. ARME (If yes, give war or dat	D FORCES? 16.5 es of service) 220	SETURITY 448	Mr Christ:	ian Loe ildin S	ffler A	DDRESS
	18. 331	<b>X</b> .		CAUSE	OF DEATH	17-37-17-		INTERVAL BETWEEN
		E OR CONDITION	DIRECTLY		0 0	0		A 1
	heart failu	LEADING TO DEA not mean the mode re, asthenia, etc. It me complication which	of dying, e. g., ans the disease,	(A) AUR	nal neu	wwha	gra	2 dons
	injuly of	ANTECEDENT CAU		Paris	sertrusion			Hmaga
0	DISEASES	OR CONDITIONS,		(B)		*****************		7
A	RISE TO T	HE ABOVE CAUSE (A		DUE TO	金0			
C	Z			arte	in reveron	3 .	1	
Ė	0.51150	11		MARIA	toly plomer	lones	vulis.	
EF	TRIBUTING	IGNIFICANT CONE TO THE DEATH, BUT ISEASE OR CONDITIO	NOT RELATED	100 \$	17			The second
1			198, MAJOR FINE	INGS OF OPER	ATION			20. AUTOPSY?
CAL								YES NO
EDIC	HOMICIDE	NT, SUICIDE, (Specify)		FINJURY (e.g., in tory, street, office bldg., e		ID (If in I	Baltimore City, g	give exact location)
Σ		Month) (Day) (Year	(Hour)   21E. II	NJURY OCCURRI				
1	FINJURY		m. WHILE A	NOT WHILE		संस्था केल्प		
	22. I hereb	u certifu that I at	tended the decea	sed from 93	OAM 11/4 1950	to 9PM	11/4.195	Othat I last saw the
	deceased al	ive on 11 - 4	, 1950, and t	hat death occur	red at 9.05Pm.,	from the ca	uses and on th	he date stated above
	23A. SIGNA		1 25		38. ADDRESS	teen Owe	D. HA	23c. DATE SIGNED
	AA. BURIAL	REMA: 248. DATE		AME OF CEMETE	RY OR CREMATORY	24D. LOCAT	ION (City, town,	or county) (State)
	on REMOVAL (S burial	μ1/8/50		rood Ceme			ore, Md.	
D	ATE RECEIVE	RAR-	'S SIGNATURE	1. 7	27 ENRERAISAN		ONS, INC	ADDRESS
	NOV8-1	950 hourest	rayons / necess	ALL ING	Balto.13,	Ma.	Secry!	Handen,
	110 150		140			/	1	

VS 150

/ () 131a

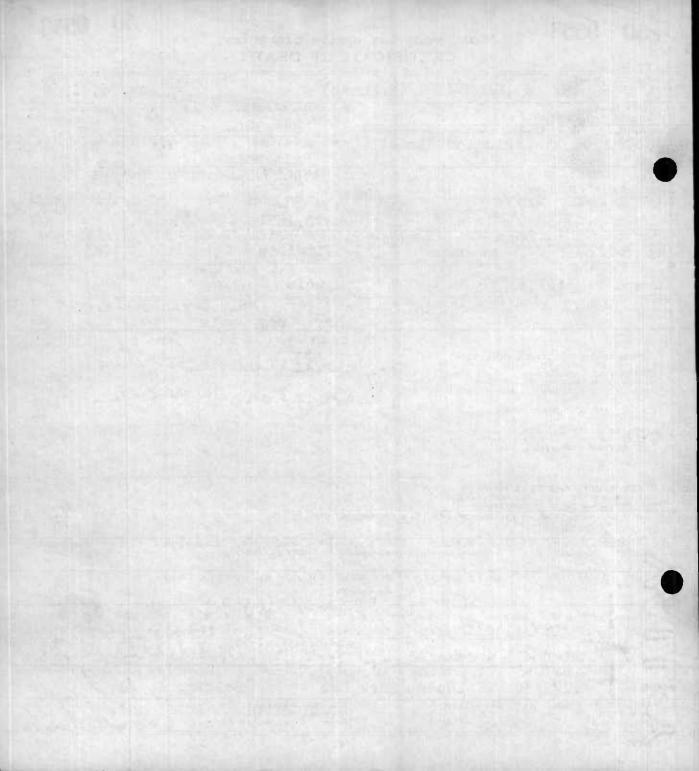


الالال
ASED

## BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH 2. DATE OF NOV. 5, 1950 (Type or Print) ROBERTA G. BALDWIN (Brannan) 4. USUAL RESIDENCE (Where deceased lived. If institution : residence 3. PLACE OF DEATH: before admission) A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR 1306 W. Lexington Street action) C. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore D. STREATHALDRESS COTINE TO PCASTICE t Yrs. Mos. c. Length of stay in Baltimore Davs 8. DATE OF BIRTH last birthday) Months Days il Under I Year II Under 24 Hours WICOW (Specify) 9. AGE (in years 5. SEX 6. COLOR OR RACE Hours: Min. Julv2.1871 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10B. KIND OF BUSINESS OR IOA. USUAL OCCUPATION (Give kind of IIS WHAT COUNTRY INDUSTRY work done during most of working life, even if retired)
HOUSEWII e Virginia at home 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Lucie Edward T. Fields 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Year no or unknown) (If yes, give war or dates of service) 17. INFORMANT 4812 Gwynn Oak A Aves - 7 16. SOCIAL nonecurity No. (Yes no or unknown) Mrs. Lucy Davis INTERVAL BETWEEN CAUSE OF DEATH sine Cardio r Disease ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A) .... heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) ..... CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) ..... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION EDICAL YES (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT, SUICIDE. 218. PLACE OF INJURY (e. g., in or INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) HOMICIDE (Specify) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED D. TIME (Month) (Day) (Year) (Hour) INJURY NOT WHILE WHILE AT WORK 1950 or. 5 195 Pat I last saw the 22. I hereby certify that I attended the deceased from 10 Tm. from he dayes and butte date stated above 1930 and that death occurred at\_ deccased alive on\_ 23B. ADDRESS 24D. LOCATION (City, town, or county) 24C. NAME OF CEMETERY OR CREMATORY 24B. DATE 24a. BURIAL, CREMA-HON REMOVAL (Specify) BUPLAL Baltimore, Md. Loudon Park Cem INC. ADDRESS DATE RECEIVED BY SONS LOCAL REGISTRAR

VS 150



9554

1. NAME OF DECEASED (Type or Print)

BIRTH NO.

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

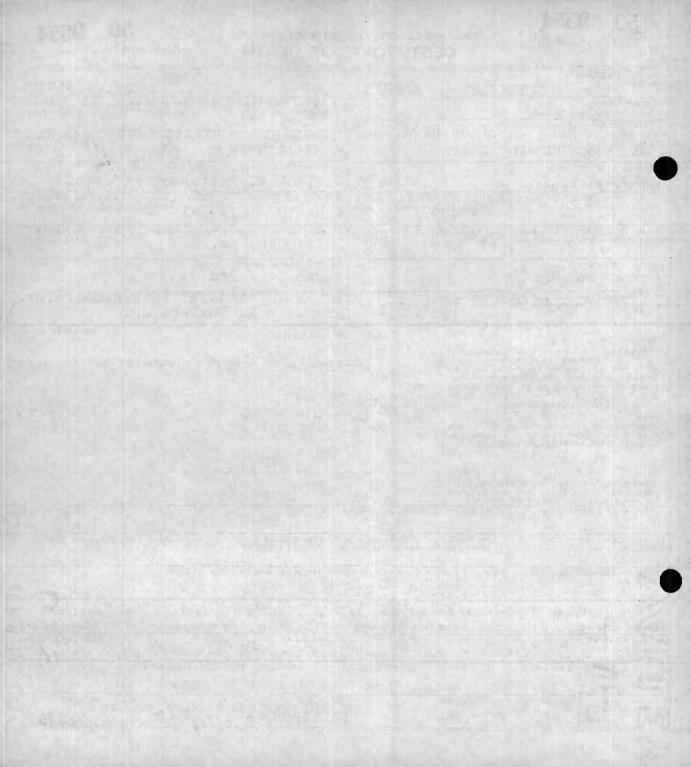
ELIZABETH L. NORRIS

Registered No.

2. DATE OF DEATH NOV. 4, 1950

4. USUAL RESIDENCE (Where deceased lived. If institution; residence

3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR 2003 Garrison Bivd. location) INSTITUTION Garrison Nursing Home			A. USUAL RESIDENCE (Where deceased lived, If inst A. STATE B. COUNTY Maryland C. CITY OR TOWN (If outside comparate limits, we Baltimore	before admission)
5.	Length of stay in Baltimore  SEX   6.COLOR OR RACE	Life Mos. Days  7. SINGLE, MARRIED. WIDOWED DIVORCED (Specify)	D. STREET ADDRESS (If rural, give location)  1204 N. Patterson Pk. A  8. DATE OF BIRTH  June 19, 1879  7 est birthday)  Months	
10 rorl	A. USUAL OCCUPATION (Givekind of done during most of warking life, even if retired)	I IOB. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) Baltimore, Md.	CITIZEN OF
Patrick Dumphy			Susan De Faron	V
15 [Yes	WAS DECEASED EVER IN U.S. ARME s, uo or uninown) (If yes, give war or dute	D FORCES? 16. SOCIAL SECURITY NO. NONE	Mrs John E. Burkert, Jr.	Aspk.Av.
AL CERTIFICATION	DISEASE OR CONDITION  LEADING TO DEA  (This does not mean the mode heart failure, asthenia, etc. It meinjury or complication which	DIRECTLY Of dying, e.g., ans the disease,	OF DEATH Clateral Browcho pneumonica	INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAU DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L  II OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT	OF ANY, GIVING  O STATING THE DUE TO  AST.  (C)  NOTIONS CON-	rlensure a. S. C. v. W.	5 yrs.
	19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
EDICAL	21A. ACCIDENT, SUICIDE. HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e		exact location)
Σ	p. TIME (Month) (Day) (Year INJURY	) (Hour)   21E. INJURY OCCURR WHILE AT NOT WHILE MORK AT WORK		
	22. I hereby certify that I at deceased alive on 4/4	, 19 5 Cand that death occur	red at m., from the causes and on the causes 12127. Pallersen Ph and	
2. TI	4A. BURIAL, CREMA- ON, REMOVAL (Specify) burial 11/7	/50 Loudon Park		county) (State)
DL		to Williams My	BALTIMORE 13, SONS, INC.	Jander
	VS 150	O TO SERVICE STATE OF THE SERV		093d



		) 3000		CERTIFICAT		72 1	0000
==	RTH NO.						
	NAME OF D		MAN LEI	MBACH			1950
A.		lity, Maryland			Mastartand	NCE (Where deceased lived, If inst B. COUNTY	itution: residence before admission)
	FULL NAME	OF (If not in hos	spital or institut	ion, give street address or location)		(If outside corporate limits, w	rite RURAL and vive
	ISTITUTION	1605 Cl1	ftview .	Avenue	Baltimore	00	township
_	Length of st	tay in Baltimore		94 Nors		ss (lf rural, give location) ftview Avenue	
	SEX	6. COLOR OR RAG				9. AGE (In years   If Unde	i I Year   If Under 24 Hours
	M	W	MTAGBAN	E. MARRIED, VED DIVORCED (Specify)	22000.00,200		B Days Hours Min.
	A. USUAL OC k done during most o	CUPATION (Give kin f working life, even if reti	dor 108. KINE	of BUSINESS OR	Germany	tate or foreign country) 12.	CITIZEN OF WHAT COUNTRY
13	FATHER'S N	? Leim	haah		14. MOTHER'S MA	IDEN NAME	
	WAS DESTACE			1.42.222			
Y e	s, no or unknown)	D EVER IN U. S. AR (If yee, give war or	MED FORCES? dates of service)	16. SOCIAL SECURITY NO.	Mr. Tracy	.605 Cliftview A.A. Leimbach	Resque
	221	1			OF DEATH		INTERVAL BETWEEN
	18. 33/	7			OF DEATH		ONSET AND DEATE
	DISEAS	E OR CONDITION	N DIRECTLY				
	heart failu	not mean the more, asthenia, etc. It complication which	de of dying, e. : means the diseas	se,	al Hemorrha	age & Right Hemi- Plegia	16 days
		ANTECEDENT C			riosclerosi		2 yrs.
4							
7	RISE TO T	S OR CONDITION  HE ABOVE CAUSE  (ING CONDITION	(A) STATING T				
2							
1		II		(C)			
7	TRIBUTING	GIGNIFICANT CO TO THE DEATH, E ISEASE OR CONDIT	UT NOT RELAT	<b>ED</b>			
1	and the same of th	F OPERATION		FINDINGS OF OPER	RATION		20. AUTOPSY?
ζ.		_					YES NO
בות ה	21A. ACCIDE HOMICIDE	NT. SUICIDE, (Specify)	21s. PL	ACE OF INJURY (e. g., farm, factory, street, office bldg.,	in or 21c. WHERE D		exact location)
2	O TIME	Month) (Day) (Y	ear) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
1	INJURY	(24) (2	m.	WHILE AT NOT WHILE WORK			
	22. I hercb	y certify that I	attended the	deccased from Oc	t. 17, 195	Oto Nov. 6 , 1950, t	hat I last saw th
	deceased at	live on Nov. 4	, 19_50.			from the causes and on the	date stated above
	23A. SIGNA	TURE	183.		238. ADDRESS 1613 E.N		11-6-50
		200 Mills	MXX	10845 CM. D.		24D. LOCATION (City, town, or	
14	on removal (S Durial	REMA 248. DAT 11/9/5	0	oudon Park	Cemetery	Baltimore, Md.	
D.	ATE RECEIVE	D BY   REGISTR	AR'S SIGNATI	1	PETELINERAL PIR	JERR& SONS, INCA	DDRESS
L	OCAL REGIST	10 THE	thing for	Williams, M.	BALTO., 13	B, MD Len Jo	engler

9556 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION pula Baltimore D. STREET ADDRESS (If rural, give location) Mos. 30 years 3140 Oakford Avenue c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | | Under | Year | || Under | 24 Hours | last birthday) | Months; Days | Hours; Min. 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) Married Male Nov. 14, 1898 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY U.S.A. Russia Furrier Proprietor 14. MOTHER'S MAIDEN NAME Morris Cavalier Dena Aaronson 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mrs. Pearl Cavalier 3140 Oakford Ave. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH andiac fac (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO

13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or detes of service) INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Oces and in a colon secondary to sto huctin, carcinina nav. 6, 1950 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID ebout hume, farm, fectory, street, office bldg., etc.) INJURY OCCUR? (If in Martimore City, give exact location) 21A. ACCIDENT, SUICIDE. (Specify) HOMICIDE ш

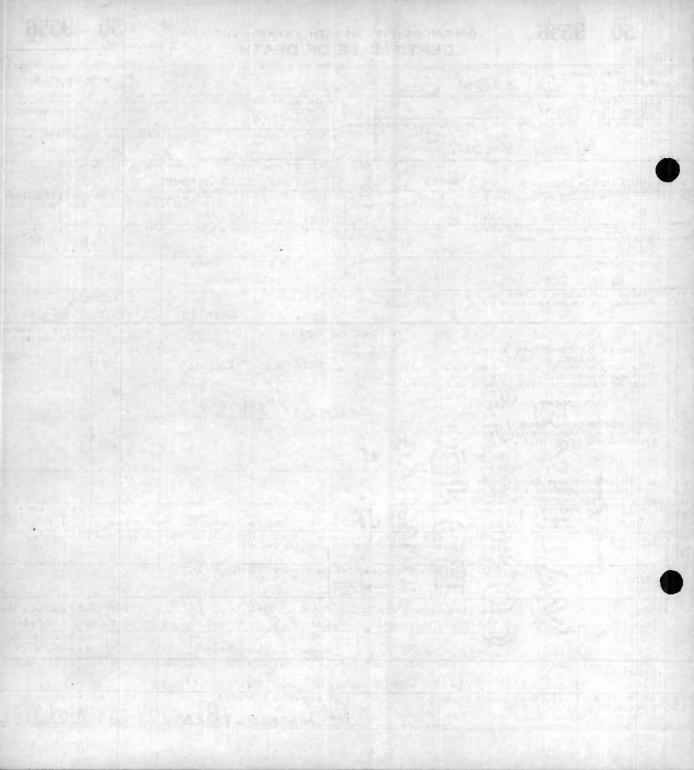
ID. TIME (Month) (Day) (Year) (Hour) 21F, HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NOT WHILE 1950. to. \_, 1950, that I last saw the 22. I hereby certify that I attended the deceased from m., from the causes and on the date stated above. 1950, and that death occurred at deceased alive on\_

23c. DATE SIGNED 23A, SIGNATURE

24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) Burial 11/8/50 Aitz Chaim Cong. Wash. Blvd. Baltimore Maryland

DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR MAN 8 - 19! VS 150

2906€



### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 9557

BIRTH NO.			<u></u>		e or bertiii			
1. NAME OF D (Type or Print)		IILIP	Α.	FINE		2. DATE OF NOV	ember 6,	, 1950
	City, Maryland				4. USUAL RESIDENCE (	Where deceased lived B. COUNTY	. If institution	: residence ore admission)
B. FULL NAME HOSPITAL OR	OF (If not in hospit	al or instituti	on, give stree	et address or location)	Maryland c. CITY OR TOWN (1)	f outside corporate li	mits, write RU	JRAL and give
INSTITUTION	Universi	ty Hosp	ital		Baltimore	15	- 11	township)
c. Sigth of s	tay in Baltimore			Yrs. Mos. Days	D. STREET ADDRESS (1986) 3641 Dolfiel			
5. sex Male	6.COLOR OR RACE White	7. SINGLE WIDOW	. MARRIED ED, DIVORO	CED (Specify)	Mar. 26,1898	9. AGE (In years last birthday)	If Under 1 Year Months Days	If Under 24 Hours Hours Min.
10A. USUAL OC work done during most of Proprie	CUPATION (Give kind of of working life, even if retired) COT	Liquor	of Busin Store	ESS OR INDUSTRY	Franklin, Virg		12. CITIZ	EN OF T COUNTRY
13. FATHER'S N	L. Fine				14. MOTHER'S MAIDEN N Bertha Bloom	IAME		
15. WAS DECEASE (Yes, no or unknown) Yes	O EVER IN U. S. ARMEI	D FORCES?	I6. SOCIA SECUE	RITY NO.	17. INFORMANT Gertrude Fine-3	641 Dolfiel	ADDRESS d Avenue	9
DISEASES OFFER STRIBUTING	LEADING TO DEA s not mean the mode of the asthenia, etc. It mes complication which of ANTECEDENT CAUS S OR CONDITIONS, I HE ABOVE CAUSE (A) (ING CONDITION LA  II GIGNIFICANT CONDITION TO THE OBATH, BUT	of dying, e. g ns the disease caused death. SES  F ANY, GIVIN STATING TH IST.  ITIONS CON NOT RELATE	(B) G OUE TO (C)	>	ot wound of abdon	nen		
U 19A, DATE O	F OPERATION 1	98. MAJOR		OF OPER	ATION			AUTOPSY?
UNDERLYING UTING U	NAL CAUSE WAS G M OR CONTRIB- TAUSE OF DEATH.	about home, fa	CE OF INJU irm,factory, stre Store	et, office bldg., e	1817 Pennsylv			
INJURY	(Month) (Day) (Year) er 6, 1950 10		HILE AT X	NOT WHILE		Y OCCUR7		
22. I certif	fy that I took char dence obtained by ath in my opinion	ge of the said Auto	remains d	escribed a	Antopsy, inquiry, find that said of □, accident □, suicide	homicide	the day st	ined .
240 BURIAL C	REMA- 246. DATE	Dun	lacke		.D. MEDICAL INVESTIGATION	EXAMINER	11-7-	
TION REMOVAL (S Burial	pecify) 11/			Emunah	Cong. Bal	timore, Mar	yland	
DATE RECEIVED		40.0	liants,	A sin	Sol. Dunson	1 Bros. 1/2	4-76 W	North

V S 151 11862.4

29069

166.0

Vane

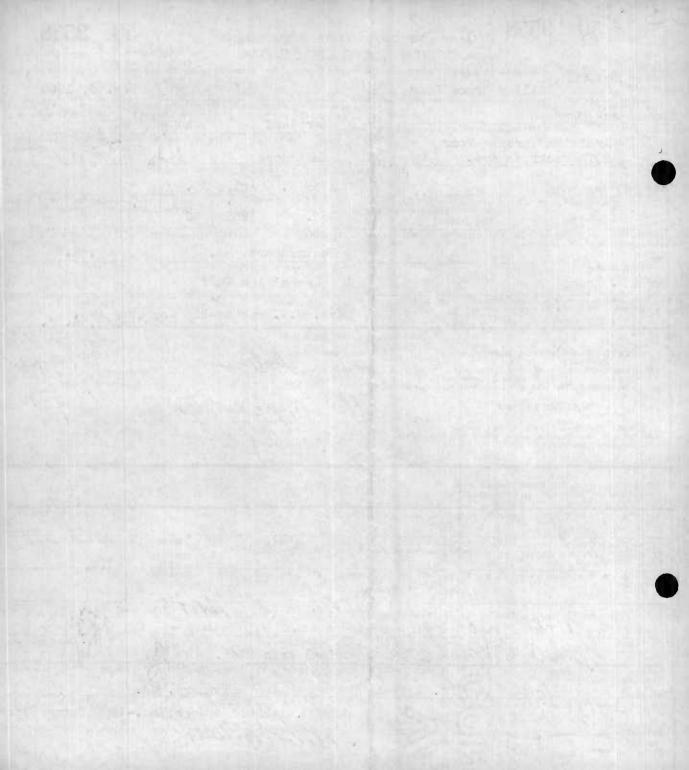
A TAXABLE TO SELECT

-53°<sub>50</sub> 9558

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 9558 Registered No.

IRIH NO.						
NAME OF D		an Bruc	e Bond		2. DATE OF DEATH	ov. 6, 1950
. PLACE OF DE Baltimore C	city, Maryland	al an inatitud	tion, give street address or	4. USUAL RESIDE A. STATE Maryland	NCE (Where deceased lived, B. COUNTY NONG	If institution: residence before admission)
OCDITAL OD	Ardleigh Nur		1. 44. \	C. CITY OR TOWN		nits write RURAL and give
NSTITUTION	2075 Rockros			Baltimore	12-0	township)
			68 Yrs.	O. STREET ADDRE	SS (If rural, give location)	
	tay in Baltimore		Mos. Days	2735 N. Cha		
female	6.COLOR OR RACE	7. SINGL WIDOV Wide	E. MARRIED. VED. DIVORCED (Specify) Owed	8. DATE OF BIRTH		Months Days Hours Min.
DA. USUAL OCC k doceduring most o NONE	CUPATION (Give kind of f working life, even if retired)	10в. KINI	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	tate or foreign country)	U. S.
3. FATHER'S N	IAME	1		14. MOTHER'S MA		
John W.	Bruce			Rachel Ar	nn Duff	
5. WAS DECEASE ee, no or unkoown)	D EVER IN U.S. ARMEE (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. H.J.Bra	abham-225 Congare	ADDRESS
18. 422			CALISE	OF DEATH	Calur	INTERVAL BETWEEN
10-0	E OR CONDITION	DIRECTLY	CAUSE			ONSET AND OEATH
(This does	LEADING TO DEAT	TH f dving, e.	en a	terio selle	mass	many years
heart failu	re, asthenia, etc. It mea complication which c	ns the diseas	se,			
1	ANTECEDENT CAUS		1	lir. myrc	dit.	6 4110.
	ANTECEDENT CAUS	5.5	(B)	vr. Illyrc	aiaius	0 7-2
	OR CONDITIONS, II		NG	ADIA		
UNDERLY	ING CONDITION LA	ST.	(C)	ola un	7 · ·	
	II IGNIFICANT CONDI					Section 1
	TO THE OEATH, BUT				The state of the s	
19A. DATE O	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
		1		Late Wilese B	ID (16 in Dalding City	YES NO
	ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., in farm, factory, street, office bldg., o			, give exact location)
TIME (	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
INSURT		m.	WHILE AT NOT WHILE		20.111	
22. I hereb	y certify that I att	ended the	///	1.1. 1907	1 to Mr. 6 , 19	5 that I last saw the
	ive on 1/-8.		and that death occur		from the causes and on	
23A. SIGNAT		P.130	// 2	3B. ADDRESS edical Arts l		23c. DATE SIGNED
4A. BURIAL. C	REMA- 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (City, tow	vn, or county) (State)
burial	11/8/50		Mt. Olivet		Baltimore, Md.	
ATE RECEIVE	D BY   REGISTRAR	SSIGNAT	URE.	25. FUNERAL DIR	ECTOR	ADDRESS
101/8 - 19	50 holas	resolve.	i villacità illi	Sonn O.Mitch	ell & Sons, Inc	1300 EUGAW FIAC
VS 150	1200	60		11111811	gallet	- 1



### BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. CERTIF	FICATE	OF DEATH	Regi	stered No.		
1. NAME OF DECEASED ESTHER	ZALE	SCH	2. DATE OF DEATH	11-8	-50	
3. PLACE OF DEATH:  A. Baltimore City, Maryland	A	STATE			titution : resid	
B. FULL NAME OF (If no in) hospital or institution, give street HOSPITAL OR INSTITUTION	Ingetion)	CAT OR TOWN	(If outside corpo	rate limits, w		and give
Length of stay in Baltimore	Mos.	STREE ADDRESS	(If rural give lo	Dion		
S. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. W. DOWED DIVORCE		DATE OF BIRTH	9. AGE (in	years If Under	or I Year If Und s Days Hour	ler 24 Hours
IOA./USUAL OCCUPATION (Sivekind of ork done during most of working life, of on if retired)	ESS OR 11	BIRTHE CE (State	or foreign country	7)   12	CITIZEN CO	
13. FATHER'S NAME	14	MOTHER'S MAIDE	N NAME			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECUR	RITY NO.	INFORMANT	0 -	€ ADDI	RESS /	6.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	art	ral hem	onlag 2023	je_	/we	ek us
OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
19A. DATE OF OPERATION   19B. MAJOR FINDINGS	OF OPERATI	ON			YES T	PSY?
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, stree		21c. WHERE DID INJURY OCCUR?	(If in Baltimo	re City, give	exact locati	on)
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY MHILE AT WORK	NOT WHILE	21F. HOW DID IN.	JURY OCCUR?			
22. I hereby certify that I attended the deceased fredeceased alive on //- 8, 1950, and that de	rom 1/ -	19 15-19 18 to	m the causes a	, 19 5,9	hat I last a	saw the
23A. SIGNATURE Herry Wagel		address wurdal	e Hor		11-8-	
Buries 11/8/1950 West	h. Bl	or CREMATORY 24	1-	ity, town, or	county)	(State)
DATE RECEIVED BY REGISTRAR S SIGNATURE LOCAL REGISTRAR	1 3	of Leurs	0.	100 8	Lew	PL
VS 150	V			(	1830	_

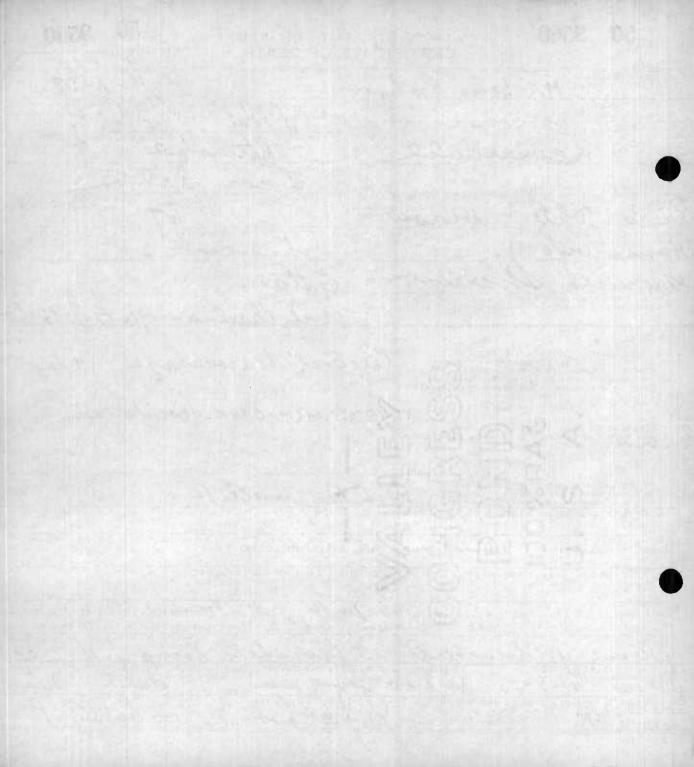
ENTHER TABLESON 1336 retend or mis 12837 mm34 world date Horne 1. 1. 1. 1. 12 

VS 150

50 9560

061.0

818	TH NO.	0000	BAL (	CERTIFICAT	E OF DEATH	Registered N	0
1. 1	NAME OF Doe or Print)	ECEASED Mrs	Lena	Cohen	•	2. DATE OF DEATH	7-50
A. F		EATH: City, Maryland			4. USUAL RESIDENCE	(Where deceased lived, If i	institution : residence
HOS	ULL NAME SPITAL OR TITUTION	OF (If not in hos	pital or institution	on, give street address or location		If outside corporate limits	, write URAL and giv township
		nea	euao	Yrs. Mos.	D. STREET HORESS ()	If rural, give location)	
	ength of s	tay in Baltimore		Days MARRIED.	8. DATE OF BIRTH	La destination in	Under I Year   11 Under 24 Hours
e	reale	White	W COW	ED, DIVORCED (Specify	B. DATE OF BIRTH	last birthlay) Mon	Under I Year If Under 24 Hours nths: Days Hours Min.
OT V	USUAL OC one during most of	CUPATION (Give kind of working life, even if retir	dof 108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
13.	PITHER'S N	NAME 1	Genel	low	14. NOTHER'S MAIDEN	NAME	
15. Yes,	WAS DECEASE no or unknown)	D EVER IN U. S. ARM	MED FORCES?	16. SOCIAL SECURITY NO.	17 INFORMANT	) AI	LESS AN &
1	18. LL 1L 7	2 1		CAUSE	CF DEATH	ow - 1914	O OKULO SA
	77-	SE OR CONDITIO	N DIRECTLY			0	ONSET AND DEAT
	heart failu	LEADING TO DI not mean the mod ire, asthenia, etc. It r complication which	e of dying, e. g neans the disease	,	brel heurs	whage	4 days
		ANTECEDENT CA			tensive cara	l vescul di	0011
N N	RISE TO T	S OR CONDITIONS THE ABOVE CAUSE ( YING CONDITION	A) STATING TH	G			
2				(C)			
L K	TRIBUTING	II SIGNIFICANT CON 3 TO THE DEATH, B DISEASE OR CONDIT	UT NOT RELATE	Diasa	tes melli	tuo	
7		OF OPERATION		FINDINGS OF OPE	RATION		20, AUTOPSY?
ָהַ   בַּ	21A. ACCIDE HOMICIDE	ENT, SUICIDE, (Specify)	218. PLA about home, fa	CE OF INJURY (e. g., arm, factory, street, office bldg.	in or 21c. WHERE DID etc.) INJURY OCCUR?	(If in Baltimore City, g	
Σ		(Month) (Day) (Ye	ar) (Hour)   2	te, INJURY OCCURE	RED 21F. HOW DID INJU	RY OCCUR?	
	INJURY		m.	HILE AT NOT WHILE			
- 1		y certify that I	attended the	deceased from	16 1948, to A	reculer 7, 1957	
-	deceased at	live on 11 - 7	-, 19 <b>30</b> , a	and that death occu	238. ADDRESS	the causes and on th	23c. DATE SIGNED
200		CREMA- 248. DATE	lune	M. D.	Florindelle ERY OR CREMATORY   24D.	LOCATION (Ly, town,	0 county) (State)
fill	REMOVAL (S		50 4	chrew fo	ever man	Balti	Md
	E RECEIVE	RAR	R'S SIGNATU	Elliania (	25. UNERA DIRECTOR	12 7100 Eu	tow Pe



						No.	
6	256					+ 50	
	50	9561	BAL	TIMORE CITY	HEALTH DEPARTMENT	50	9561
				CERTIFICA	TE OF DEATH	Registered	No.
1.	NAME OF DECEAS	ED				2. DATE	11
(T	Type or Print) RAY	MOND	CHAI	CLES '	REGNIER	OF DEATH	16/50
	. PLACE OF DEATH: Baltimore City, M	Maryland			4. USUAL RESIDENCE (	Where deceased lived  B. COUNTY	If institution; residence before admission)
	FULL NAME OF OSPITAL OR	(If not in hospit	tal or instituti	ion, give street address locatio		Gal	its, write RURAL and give
		JOSE	PHS	HOSP.	BALTO	#22	township)
				Yr		rural, sive location)	1. Dundalk
_	Length of stay in			Mo Da	ys 5/02 30 ac		
5.	Male 6.001	Parte Parte		E, MARRIED. ED, DIVORCED (Spec)	8. DATE OF BIRTH Feb. 15, 1893	9. AGE (In years last birthday) 57	If Under 1 Year Aonths Days Hours Min.
orl	DA. USUAL OCCUPAT	life, even if retired)		OF BUSINESS OR	11. BIRTHPLACE (State or 1	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	s. FATHER'S NAME	ue Agent	- (Rtd	) U. S. Gov'			
13		md a m			14. MOTHER'S MAIDEN N		
15	Charles Reg	IN U, S. ARME	D FORCES?	16. SOCIAL	Margaret Eirm		ADDRESS
Ye	no or nnknown) (If ye	es, give war or date	es of service)	SECURITY NO			Sollers Pt. Ro
	18. 1/1/2			CAUS	E OF DEATH		INTERVAL BETWEEN
	DISEASE OR			Pan	aliced Long	erental	ONSET AND DEATH
	(This does not m	ean the mode	of dying, e. g	$_{2}$ , $_{(A)}U$	ebral here	1011 Mad	P
	heart failure, asth injury or compli			DUE TO TY	perlensure Re	ar web-tr	isawae
	ANTE	CEDENT CAU	SES	Eli .	sease		
5	DISEASES OR C				***************************************	***************************************	
<	UNDERLYING			HE DUE TO			
7				(C)			
2	OTHER SIGNIF	II ICANT COND	ITIONS COM	٧-			
L L	TRIBUTING TO THE					. =	
AL	19A. DATE OF OPE	RATION	198, MAJOR	FINDINGS OF OF	PERATION		20. AUTOPSY?
ב ה	21A. ACCIDENT, SU HOMICIDE (Spec			ACE OF INJURY (e. arm, factory, street, office blo		If in Baltimore City,	give exact location)
Ξ	ID. TIME (Month)	(Day) (Year	) (Hour)	21E. INJURY OCCU	RRED 21F. HOW DID INJUR	Y OCCUR?	
•	INJURY		m.	WHILE AT NOT WH		, ,	
	00 77				11/-/-	11/6/500	.7 . 7 7
	i 22. I nereoy cert	ify that I at	tended the	deceased from	11/5/5019 to	10,000	_, that I last saw the
	deceased alive on			deceased fromand that death oc	curred at 655 m., from	the causes and on	the date stated above.
				and that death oc	1 1 1	the causes and on	
2.	deceased alive on 23a. SIGNATURE  HACK  4a. BURIAL, CREMA-	11/6/S 1248. DATE	Scar	and that death oc	curred at 6 3 m., from 238. ADDRESS St. Poepl's	the causes and on	the date stated above.  23c. DATE SIGNED  ///6/50
TI	deceased alive on 23A. SIGNATURE ALLO 4A. BURIAL, CREMA- ON, REMOVAL (Specify) Burial	248. DATE 11/9/50	Scar	and that death occurrence of the contract of t	curred at 6 7 m., from 23B. ADDRESS St. POLST TERY OR CREMATORY 24D. I	ldosp.	the date stated above.    23c. DATE SIGNED   // 6/50   n, or county) (State)
D.	deceased alive on 23A. SIGNATURE ALL AA. BURIAL CREMA- ON, REMOVAL (Specify)	248. DATE 11/9/50	Scar	and that death occurrence of the contract of t	curred at 6 7 m., from 23B. ADDRESS ST. POLST TERY OR CHEMATORY 24D. I	LOCATION (City, tow	the date stated above.  23c. DATE SIGNED  ///6/50

093d

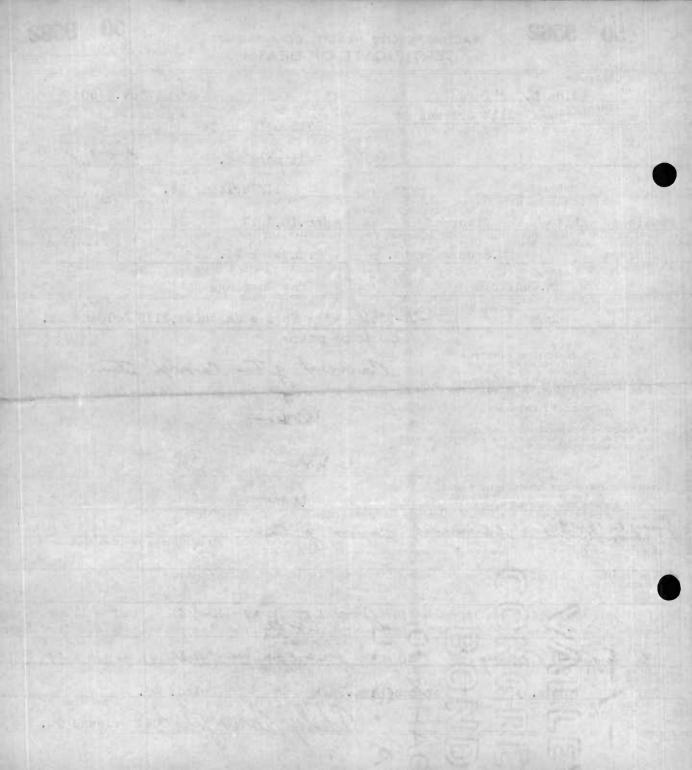
and the still be an input to our whomat comments are 

		BAL	CERTIFICATI	E OF DEATH	H Registered No	)
BIRTH NO.						
I. NAME OF DECE Type or Print)					2. DATE OF	150
B. PLACE OF DEAT	Helen L.C	ani Ford	_	1 4. USUAL RESIDE	DEATH NOV.6	
a. Baltimore City	. Maryland		leans St	A. STATE	B. COUNTY	before admission)
B. FULL NAME OF	(If not in hospit	al or institut	ion, give street address or location)	2112 Orle		perta PHPAL and sign
NSTITUTION						township)
- (1)			Yrs,	Baltimore	SS (If rural, give location)	(d) ==
. Length of stay	in Reltimove		Mos.			
	COLOR OR RACE	7. SINGLE	Byrs Days E. MARRIED. /ED. DIVORCED (Specify)	B. DATE OF BIRTH	Orleans St. 9. AGE (In years) # 0	nder 1 Year   It Under 24 Hours
Fomolo	White	- 4			last birthda,   Mont	hs Days Hours Min.
Female	White PATION (Givekind of	Di VO	OF BUSINESS OR	Jan.10,191		2. CITIZEN OF
ork done during most of wo	king life, even if retired)		INDUSTRY			WHAT COUNTRY?
Waitress 13. FATHER S NAM	F	M.Squa	re Res't.	Brunswick		
O. A. A. I. A.		. 03				
15. WAS DECEASED E	Wm.Can		1.10.000111	Edna Cun		
(es, no or unknown) (	of yes, give war or date	s of service)	16. SOCIAL SECURITY NO. 578-07-5261	17. INFORMANT		DRESS
n0	none		578-07-5261	Miss Mari e	Matthias,2112 Orl	eans St.
(This does no heart failure, injury or cor	OR CONDITION ADING TO DEA t mean the mode of sthenia, etc. It mes application which TECEDENT CAU: R CONDITIONS, ABOVE CAUSE (A) G CONDITION L.	TH of dying, e.; ans the disease caused death SES IF ANY, GIVII STATING TH AST.	(B)	new g 7	The Carrix was	DNSET AND DEATH
TRIBUTING TO	THE DEATH, BUT	NOT RELAT	ŁD	now		
19A. DATE OF				ATION	•	20. AUTOPSY?
June 17, 1	25 Testint	Alvo	need com	wy cer	nyc	YES ND
	Specify)  ath) (Day) (Year	about home,	ACE OF INJURY (e. g., i farm, factory, street, office bldg., c	tc.) MJURY OCCU	Off (If in Baltimore City, girer)  INJURY OCCUR?	ve exact location)
INJURY		m.	WHILE AT NOT WHILE AT WORK			
22. I hereby c	ertify that I at	tended the	deceased from	- 15 , 19 %	9to how. 6. , 1950,	that I last saw the
deceased alive	on 11-6.50	_, 19	and that death occur	rred at Tun.	, from the causes and on the	date stated above.
23A. SIGNATUR	E	. +		SB. ADDRESS	100m . 13-04- 11 h	
24A. BURIAL CRE	MA-I 24B, DATE	ung /	240 NAME OF CEMETE	RYDECREMATORY	24D. LOCATION (City, town, o	r county) (State)
rion, REMOVAL (Spec	fy	,	10-10-7			(2000)
Burial		50	Moreland Mem	Park	Balto, Md.	ADDRESS
DATE RECEIVED E LOCAL REGISTRA		SSIGNATI	THE .	PHINERAL DIR	1. 2. 1/1 a. 1	eans St.

VS 150

784 6M1

048a



Q-64 20563

BALTIMORE CITY HE	EALTH DEPARTMENT  FOR DEATH  Registered No	3363
BIRTH NO.	E OF DEATH	
Type or Print	2. DATE OF DEATH	- 1950
a. Baltimore City, Maryland 910 S. Oarey St	4. USUAL RESIDENCE (Where deceased lived. If in B. COUNTY	stitution : residence before admission)
<ul> <li>B. FULL NAME OF (If not in hosphital or institution, give street address or location)</li> <li>INSTITUTION</li> </ul>	C. CITY OR TOWN (If outside corporate limits,	write RURAL and give
Yrs.	D. STREET ADDRESS (B rural, give location)	02
Mos. Length of stay in Baltimore Days	910 S. Caree St	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	last birthday) Mont	he Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of OBERT OF BUSINESS OR INDUSTRY)  The dome during most of working life, even if retired)  The dome during most of working life, even if retired)	11. B RTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Marryweather S. Tharles	Bertha Bracket	1
(16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT	DRÈSS CH
	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Mario Con Pulmon le	3 years
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	Suphyeina	
ANTECEDENT CAUSES	archal Dermenusalist	
DISEASES OR CONDITIONS, IF ANY, GIVING	anne mengemen	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
11		
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., i		1123
CAUSE OF DEATH		
D. TIME (Month) (Day) (Year) (Hour)  1NJURY  MILE AT NOT WHILE AT WORK AT WORK		
22. I hereby certify that I attended the deceased from	2 1939011/6 ,195	that I last saw th
deceased alive on 11/6, 1950 and that death occur	rred at 7 Am., from the causes and on the	date stated above
Charle Came M.D.	2145-W Ballimore H	11/7-50
24A BURIAL, CREMA- TION, REMOVAL (Specify)	RY OR CREMATORY 24D. LOCATION (City, town, o	R (State)
DATE RECEIVED BY REGISTRAR'S IGNATURE	25. FUNERAL DIRECTOR,	ADDRESS
1048 1950 Thurtay for Will	of Milly Line - 2435 Est	Te pull
VS 150	09	750

St. St. Jan. Latter 12 or prayer this I we are the win The standard to the and the second the weekil. of the all is a feet of pertonence The state of 3 per the state of A MANAGEMENT AND THE PARTY OF T No of the state of with the time was the second in the second of the second in the second is the second in Se of the second second

OFCA

,		50 3304			OF DEATH	-141	70 7304 red No
BIF	TH NO.		OLIV	HICAIL	OI DEATH		
	NAME OF D pe or Print)	ECEASED	SANUEL	NE	WAMW	2. DATE OF DEATH NO	ovember 7, 1950
	Baltimore (	EATH: City, Maryland			. USUAL RESIDEN		red. If institution : residence
B. F	TULL NAME SPITAL OR STITUTION	OF (If not in hospi	tal or institution, give surley Street	treet address or	Maryland CITY OR TOWN Baltimore		e limits, write RURAL and give
0.0	) <u> </u>	010 110	arey borees	Yrs.		(If rural, give location	1 61
c.	gth of s	tay in Baltimore		Mos. Days		ley Street	
	ale	6.COLOR OR RACE White	7. SINGLE, MARKI	DRCED (Specify)	DATE OF BIRTH	9. AGE (In year last birthday	rs # Under   Year   # Under 24 Hours   Min.
10A work	looe during proct	CUPATION (Give kind of the King life, even if retired)	MEN Cools A	INDUSTRY		te or foreign country)	12. CITIZEN OF WHAT COUNTRY
13.	Leurs	newwa	in	1.	Heurisi	to how h	1 ary,
15. (Yes,	WAS DECEASE oo or wokoown)	ED EVER IN U.S. ARME (If yes, give wer or date		CIAL TOURITY NO.	Tarriheu	vencen Te	ADDRESS uble Gardan 9/1
ERTIFICATION	heart failu injury or DISEASE: RISE TO T UNDERLY	s not mean the mode rere, asthernia, etc. It mer complication which ANTECEDENT CAUSON OF CONDITIONS, IT ABOVE CAUSE (A) YING CONDITION L.	ans the disease, caused death.) DUE SES F ANY, GIVING STATING THE DUE	B)		rdiovascular	ursease
ERT	TRIBUTING	TO THE DEATH, BUT	NDT RELATED	***************************************			
0	19A. DATE O	F OPERATION 1	9B. MAJOR FINDIN	GS OF OPERAT	ION		20. AUTOPSY?
Ă۱۱	JNDERLYIN	NAL CAUSE WAS G OR CONTRIB- CAUSE OF DEATH.			2 Ic. WHERE DID INJURY OCCUR?	(lf in Baltimore (	City, give exact location)
	210, TIME (	(Month) (Day) (Year	(Hour) 21E. INJU	NOT WHILE AT WORK	21F. HOW DID IN	JURY OCCUR?	
	the cvi and de	idence obtained by ath in my opinion	rye of the remains	spection or Inq utural causes P	Autuiry, find that sa accident $\square$ , su  23B. CHIEF MEDI ASSISTANT MEDI	icide [], homicide CAL EXAMINER[] ICAL EXAMINER	in the day stated above,  in undetermined in.
24/ TION	BURIAL (S	CREMA- 248. DATE Decify) Nov. 9	14 00 124C. NAM	M.D. HE OF CEMETERY		40. LOCATION (City,	
	TE RECEIVE	DAD	S SIGNATURE	U.S. M. 2	S. FUNERAL DIRECT	heims for 16	o 2 Estace P

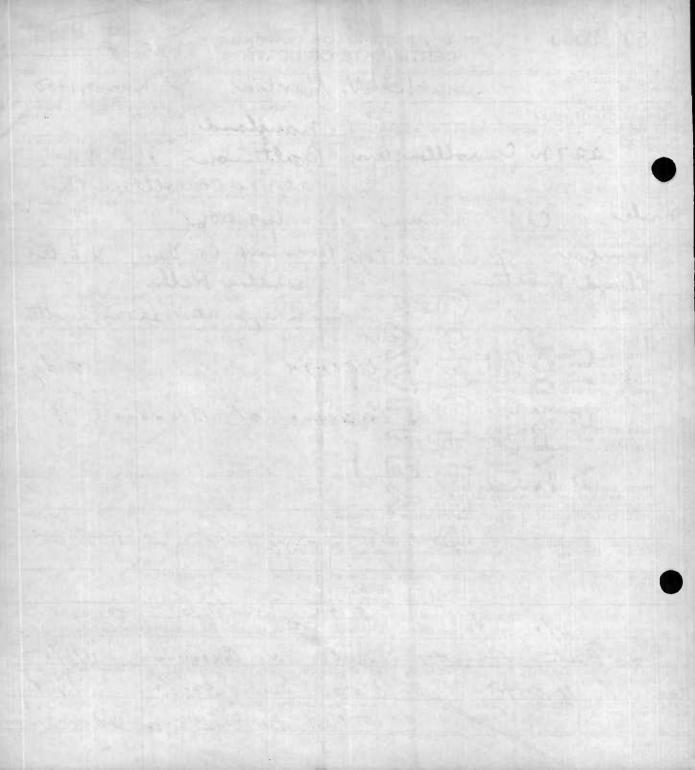
WSV 151 - 1350

49062

093d

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO Charles W. Martin 1. NAME OF DECEASED 2. DATE N= 3, 1950. (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, if institution; residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give allton ave ADDRESS (If rural, give location) 227 n. Cauplet c. Length of stay in Baltimore Days 9. AGE (in years) 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) married ACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of) 108, KIND OF BUSINESS OR 12. CITIZEN OF work doned using most of working life, even if retired) antor 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes. no or Anknown) (If yes, give war or dates of service) SECURITY NO. 227 n. Caus INTERVAL BETWEEN CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY URENIA LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO injury or complication which caused death.) of Bladder ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH. BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION EDICAL (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? (Specify) HOMICIDE 21F. HOW DID INJURY OCCUR? p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY NOT WHILE WORK 1950, and that death occurred at 3 45 p. m. from , 1950 that I last saw the 22. I hereby certify that I attended the deceased from. P. m., from the causes and on the date stated above. deceased alive on // 23c. DATE SIGNED 23A. SIGNATURE C'y, town, or count 24A. BURIAL, CREMA-24c. NAME REGISTRAR'S SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR water for Heliands it

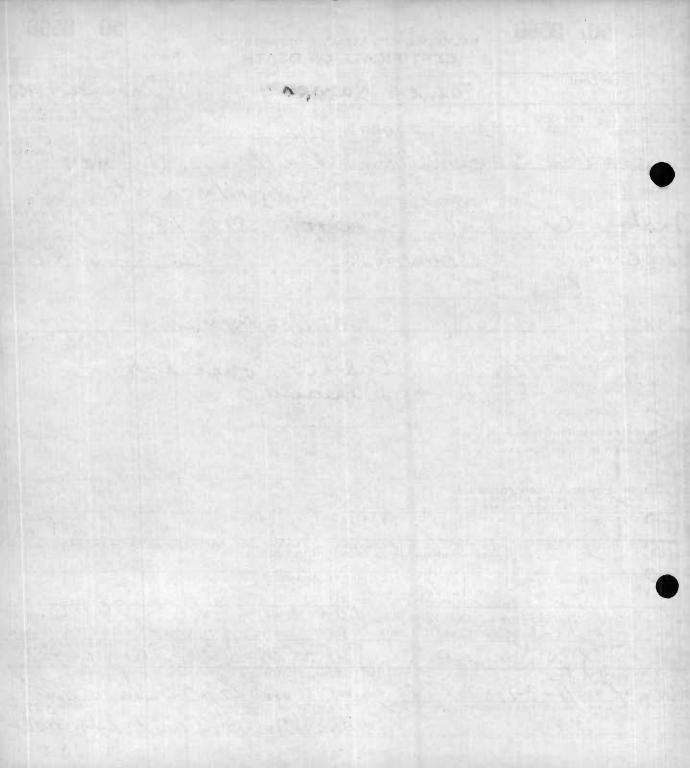
VS 150



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

?	egist.	hora	Na	

IRTH NO.	L OI DEATH
NAME OF DECEASED Type or Print)  James R	
. PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission)
FULL NAME OF (If not in hospital or institution, give street address or location)  NSTITUTION	
Ba-Wil-Be Convalent Home	106/10.
Yrs. Mos. Length of stay in Baltimore	921 1/ 1.1. 04
Length of stay in Baltimore  Days  SEX  6. COLOR OR RACE  7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year   If Under 24 Hours
DA. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR	11. FIRTHPLACE (State or foreign country)   12. CITIZEN OF
rk dope during most of working life, even if retired)	WHAT COUNTRY?
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 68, no or unknown) (If yes, give war or dates of service)  16. SOCIAL SECURITY NO.	Walten Postman Address
18. 422.1 CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONDET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	and Vascular
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE GEATH, BUT NOT RELATED	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g.,	in or   21C. WHERE DID (If in Baltimore City, give exact location)
HOMICIDE (Specify) about home, farm, factory, street, office bldg.	
TIME (Month) (Day) (Yenr) (Hour)   21E. INJURY OCCURE	
m. WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from	19, that I last saw the
deceased alive on 10 7, 19 6 and that death occu	
1 19 Johnson M.O.	238. ADDRESS Medarb 89 11-7-50
4A. BURIAL, CREMA 24B DATE 24C. NAME OF CEMETE	ery or CREMATORY 24D. DCATION (City, to n, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURY	25. FUNERAL DIRECTOR ADDRESS 3221
	Mrs Katie (CWilliams) Schrockerst



M-522 9567 1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH:

## BALTIMORE CITY HEALTH DEPARTMENT

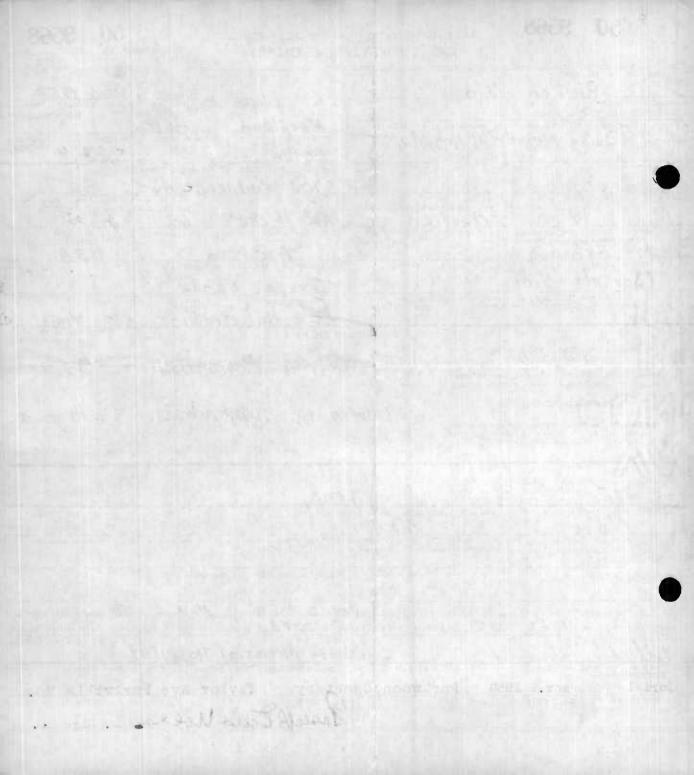
Registered No. CERTIFICATE OF DEATH 2. DATE Menges Hubert DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence B. COUNTY A. Baltimore City, Maryland 2010 au A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Yrs. (If rural, give location) Mos. 010 c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED. 9. AGE (In years) II Under 1 Year last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) mores 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY DY O. Engineer 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or naknown) (If yes, give war or dates of service) SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO injury or complication which caused death.) ANTECEDENT CAUSES (B) .... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO'-OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 20. AUTOPSY 198, MAJOR FINDINGS OF OPERATION 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? HOMICIDE (Specify) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED O. TIME (Month) (Day) (Year) (Hour) INJURY NOT WHILE WHILE AT AT WORK . 19 50 to 200. 5 . 19 50 that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on nov. 4. 19 56, and that death occurred at 4:10 f.m., from the causes and on the date stated above. 23c. DATE SIGNED 23B. ADDRESS 23A SIGNATURE 60 77 240. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 240 NAME OF CEMETERY OR 248. DATE REGISTRAR'S SIGNATURE ADDRESS DATE RECEIVED BY 25 FUNERAL DIRECTOR LOCAL REGISTRAR Your suid , 1 100 - 1301

VS 150

Was there in cline of history any indication of pertable primary set of comme If yournay ate not undicated - could you istate a more definite anatomical lorale of the realizant turner ; place? See Doument File 50-9567 for report in full Briefly, - "lymphatic spead of malignamy in lum clinical endence of widespread bony metactasis, no indication of primary site".

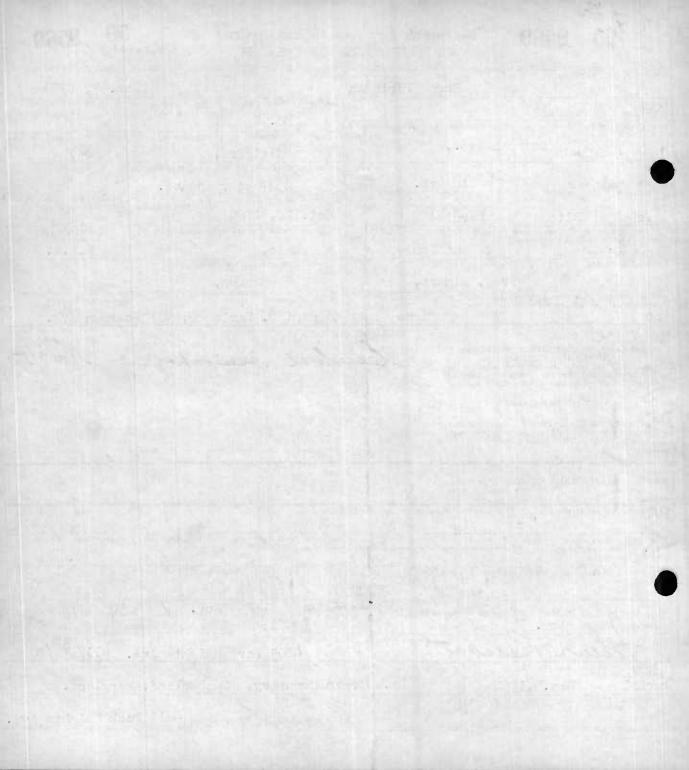
	CERTIFICATE	OF DEATH	Registered No_	0000
BIRTH NO.	CERTIFICATE	OF DEATH	registered 110_	
1. NAME OF DECEASED (Type or Print)	,	2.1	OF A	
PIETro Vid	1		EATH VOU.	1950
a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where	deceased lived. If instit	dtion : residence before admission)
B. FULL NAME OF (If not in hospital or institu		Maruland	Balto	
HOSPITAL OR UNION Memorial	HOSPITA/ location)	C. CITY OF TOWN (If outside	e corporate limits, wr	te RURAL and give
		Baltimore	47-	44
	Yrs. Mos.	D. STREET ADDRESS (If rural,	give location)	
c. Igth of stay in Baltimore	Days	5)03 Winthrope	AVC	
	E, MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH 9. A	GE (In years   H Under ast birthday) Months	Year If Under 24 Hours Days Hours: Min.
Ma Ma	rried	Aug/6/888	2 1	99
10A. UŠUAL OCCUPATION (Give kind of Nork done during most of working life, even if retired)	O OF BUSINESS OR	11. BIR HPLACE (State or foreign	country)   12.	CITIZEN OF WHAT COUNTRY
Scissors Grinder	SELF	Austria	-	SA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Bortolo Vidi		Teresa Caple	3	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL	17. INFORMANT	ADDR	ESS
(10, 10 of distance in the service)	SECURITY NO.	Son . Mr. Pietro V	111 1203	Wintherno
18. 1107 %	CAUSE C	OF DEATH	10 5 70 5	NTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				NSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.	. Tubori	eulous Meningi	tic	34 000
heart failure, asthenia, etc. It means the diseasinjury or complication which caused deat			//	
			3 4 1 1 1 1 1 1	
ANTECEDENT CAUSES	Pulsus	mary Tuberrule	Sic	10 400 0
DISEASES OR CONDITIONS, IF ANY, GIVI	NG	g july en	<i></i>	10 years
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST.	HE DUE TO			
<u>0</u>	(C)		***************************************	
L II				
OTHER SIGNIFICANT CONDITIONS COL	N-	•	100 575 101	
TO THE DISEASE OR CONDITION CAUSING	т	one		
	FINDINGS OF OPERA	ATION		20. AUTOPSY?
21a. ACCIDENT WAS UNDER. 21b. PL.	ACE OF INJURY (e. R., in	or   21c. WHERE DID (If in I	Paltimona City, give	YES NO
. I EIMOLION CONTRIBUTING	farm, factory, street, office bldg., et	e.) INJURY OCCUR?	Baltimore City, give	exact location)
Σ CAUSE OF BEATH				
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRE		IIR?	
		D 21F. HOW DID INJURY OCC		
m.	WHILE AT NOT WHILE AT WORK	]		
22. I hereby certify that I attended the	WHILE AT NOT WHILE AT WORK			at I last saw th
22. I hereby certify that I attended the deceased alive on NOV 6, 1950.	while at Not while at work deceased from No		v. 6, 1950, th	
	while at Not while at work deceased from Na and that death occurr	nv. 2 , 1950, to No	V. 6, 19 <b>50</b> , th uses and on the de	
deceased alive on NOV 6, 1950.  231. SIGNATURE. Relson	while AT NOT WHILE AT WORK  deceased from Not and that death occurr  M. D. 1	red at 10:40 Am., from the ca as. ADDRESS Inion Memorial Ho	V. 6, 19 <b>50</b> , th uses and on the de	ate stated above
deceased alive on NOV 6, 1950.  23A. SIGNATURE.  ALLICA S. Nelson  24A. BURIAL, CREMA-1 24B. DATE	while AT NOT WHILE AT WORK deceased from Na and that death occurr	red at 10:40 Am., from the ca BB. ADDRESS Inion Memorial Ho	V. 6, 19 <b>50</b> , th uses and on the de	te stated above c. DATE SIGNED
deceased alive on NOV 6, 1950.  231. SIGNATURE. Relson	deceased from Armork and that death occurr  M.D. 24c. NAME of CEMETER  Parkwood Cem	1950, to No. No. No. No. No. No. No. No. No. No	v. 6, 1950, th uses and on the de spita/ 23	tte stated above C. DATE SIGNED unty) (State)

VS 150



P. 645 9569

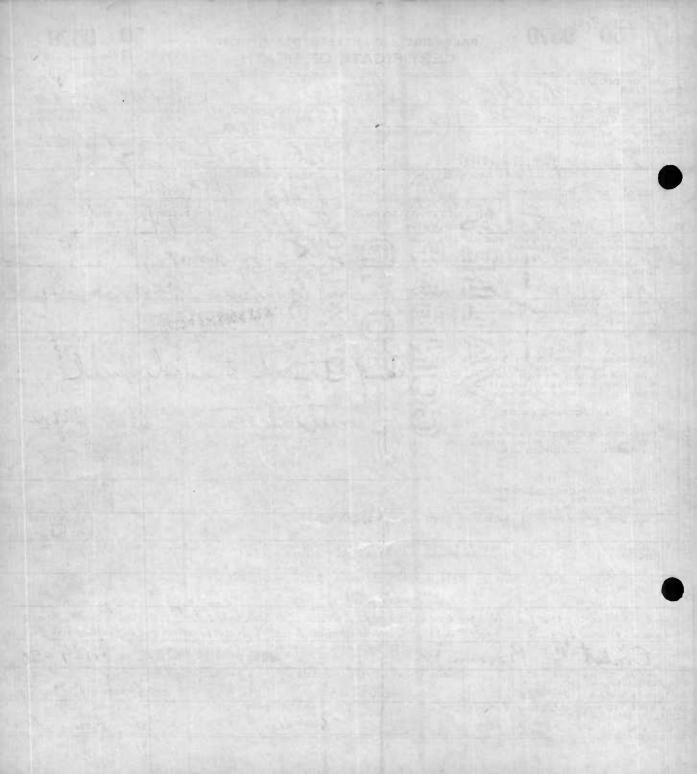
)(	0 3363	DAI	CERTIFICATI	E OF DEATH		No. 3359
BIRTH NO.	CEACED					
. NAME OF DEC	CEASED	I	Rose Parlaman		2. DATE OF DEATH NO	v. 7, 1950
B. PLACE OF DEA. Baltimore Cit	ty, Maryland			A. STATE	NCE (Where deceased lived. B. COUNTY	If institution: residence before admission
FULL NAME OF	F (If not in hospit	al or institut	ion, give street address or location)	Md •	/If autoids compands lim	often annia Davida V
NSTITUTION 2527 Boarman Ave.,				Baltin		nits, write RURAL and give
Yrs. Mos.					SS (If rural, give location)	
	y in Baltimore		Days Days	8. DATE OF BIRTH	Boarman Ave.	If Under 1 Year   If Under 24 Hours
Female	White	Mari	E. MARRIED. VED, DIVORCED (Specify)	Oct. 18, 19	[ast hirthday) [	Months Days Hours Min.
OA. USUAL OCCI	UPATION (Give kind of	108. KINE	OF BUSINESS OR	11. BIRTHPLACE (S	tate or foreign country)	12. CITIZEN OF
Housewit		8	at home INDUSTRY	Ohio,		WHAT COUNTRY
3. FATHER'S NA	ME			14. MOTHER'S MAI	DEN NAME	
		red. Mi	inert,	unkr	nown,	
5. WAS DECEASED	EVER IN U.S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no			none	Clement D. H	arlaman, 2527 Bos	arman Ave.
DISEASES ( RISE TO THE UNDERLY!!	, asthenia, etc. It mea omplication which of NTECEDENT CAUS OR CONDITIONS, II E ABOVE CAUSE (A) NG CONDITION LA II SNIFICANT CONDITION THE DEATH, BUT	eaused death SES F ANY, GIVIN STATING TH ST. TIONS CON	(B)			
19A. DATE OF	OPERATION . 1		FINDINGS OF OPER	ATION		20. AUTOPSY?
						YES NO
21A. ACCIDE LYING OR CAUSE OF DI	, give exact location)					
D. TIME (M	Ionth) (Day) (Year)		21E. INJURY OCCURRI		INJURY OCCUR?	
		m.	WORK AT WORK	L 10 1050	/ N 7	
22. I hereby	certify that I att	ended the	deceased from	10 115	, to Nov. 7 , 19	50, that I last saw th
deceased glin		7. 19.50		red at o + 1 A.m., 3B. ADDRESS	from the causes and on	the date stated above
ZSA. SIGINATO	w ATS	ube	ect M.D.		rk Heights Ave.	11/8/50
24A. BURIAL, CR	EMA- 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (City, tow	vn. or county) (State)
burial	Nov.9,19	50	Mt. Herr	man Cemetery	Cumberland, Ma	aryland.
DATE RECEIVED	BY   REGISTRAR	SSIGNATE		25 FUNERAL DIRE	ector 4611 Par	ADDRESS
		221		P. I DIVINARION A	THE REST. NO. 1 CHAIN IN CA.	· ··· ································



5-353 9570

	CEPTIEICAT	E OF DEATH	Registered No_	0070
ВІ	RTH NO.	E OF BEATH	and a second and a second and a second	
1. (T	NAME OF DECEASED William Ster	.11.	OF DEATH	1,1950
	PLACE OF DEATH: Baltimore City, Maryland Thay 2	4. USUAL RESIDENCE (Where	deceased lived. If in t	hution residence before admission)
B. HC	FULL NAME OF (If not in hospital or institution, give street address or SPITAL OR location) STITUTION		de corporate limits, w	rite RURAL and give township)
	S 2 S S S S S S S S S S S S S S S S S S		gurg	
c.	Length of stay in Baltimore  Yrs.  Mos.  Days	14/0 /10	(kive Ocation)	
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9.	AGE (In years If Unde last birthday) Months	I Veal II Under 24 Hours E Days Hours Min.
10	A. USUAL OCCUPATION (Givekind of 10B, KIND OF BUSINESS OR INDUSTRY)  INDUSTRY	11. BIRTHPLACE (State or foreign	country) 12	CITIZEN OF
	8 - Printer - resonan - american Book	do Terman	M	WHAT COUNTRY
	reenfeld Stender-	14. MOTHER'S MANGEN NAME	Shume	cher
15 Yes	. WAS DECEASED IVER IN U. S. ARMED FORCES? And or unknown)  If yes, give war or dates of service)  SECURITY NO.	17. INFORMANDELS HOPKIRS	HOSPITA. ADDR	RESS
	OAUSE  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	of DEATH	id spre	INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES	-1-1		0.40
ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	milashas		292
	(C)		••••	
ERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			<i>j</i>
7	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION		20. AUTOBEY?
EDIC/	21A. ACCIDENT. SUICIDE. HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., about bome, farm, factory, street, office bldg.		Baltimore City, give	
Σ	O. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY  WHILE AT WORK AT WORK		CUR?	
	22. I hereby certify that I attended the deceased from //	15 21943 10-11/	7 , 1250, t	hat I last saw th
	deceased alive on 1, 19 and that death occu		ahises and on the c	
	Eville Brown W. M.D.	23B. ADDRESS CONNS HUTKINS I	N 137 C SPANNA	3c. DATE SIGNED
	A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETI IN REMOVAL (Specify) 11/8/50 Johnstva	1	Ligh (City, town, or	county) (State)
	THE RECEIVED BY REGISTRAR'S SIGNATURE	1 25. FUNERAL DIRECTOR Mm. Cook, nc.		Paul fo

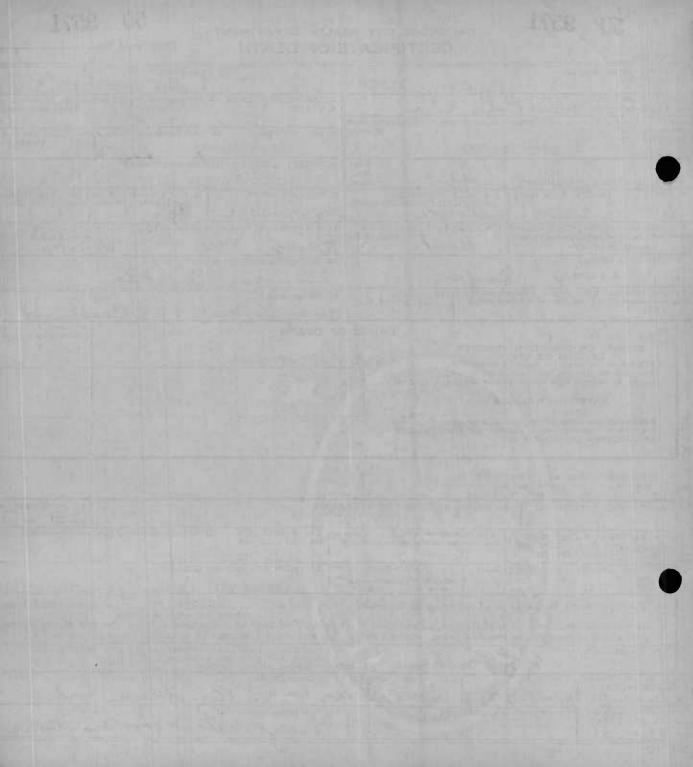
5124M



50	9571

BALTIMORE CITY HE	ALIN DEPARTMENT	7071
BIRTH NO.	2. DATE	
Type or Print) ALEXANDER COOPER	OF DEATH Novemb	ber 5, 1950
B. PLACE OF DEATH:  a. Baltimore City, Maryland Ballo, Lety	A. USUAL RESIDENCE (Where deceased lived, If inst	itution : residence before admission)
s. FULL NAME OF fif not in hospital or institution, givestrect address or HOSPITAL OR location) NSTITUTION	Maryland c. CITY OR TOWN (If outside corporate limits, w.	rite BURAL and give
Mercy Hospital	Baltimore 0 - 0	township)
Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)  1006 Nursery Alley	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)		r I Year   If Under 24 Hours
Male Colored Single	my 22-1904   46	
OA. USUAL OCCUPATION (Give kind of retired)  OA. USUAL OCCUPATION (Give kind of IOB. KIND OF BUSINESS OR INDUSTRY  Co. T.	1 1001	CITIZEN OF
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Joanay Cooper	Emma Quitly	
(cs, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT JODE Harry Cooker 152 4. 2. Bed	All. XX
18. E 98 2 X . CAUSE (	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		John Miles
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	wound of chest	***************************************
injury or complication which caused death.) DUE TO		
ANTECEDENT CAUSES		_ 10 MM = 10
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	***************************************	
UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED		
TO THE DISEASE OR CONDITION CAUSING IT.	ATION	20. AUTOPSY?
1 100.000.000		YES X NO
21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e. g., in underlying a contribe bldg., e bont home, farm, factory, street, office bldg., e	or 21c. WHERE DID (If in Baltimore City, give	exact location)
UTING LI CAUSE OF DEATH. Home	1006 Nursery Alley	
ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE		
ovember 5, 1950 3:15 Pm.   WORK L. AT WORK L.		
22. I certify that I took charge of the remains described a	Autopsy, Inspection or Inquiry	hereon and from
the evidence obtained by said Autopsy, Inspection or I and death in my opinion resulted from: natural causes	nquiry, find that said deceased died on the $a$ $\Box$ , accident $\Box$ , suicide $\Box$ , homicide $\Box$ , under	lay stated above etermined $\square$ .
23A. SIGNATURE		DATE SIGNED
24A. BURIAL, CREMA- 24B. DAVE 24C. NAME OF CEMETER		county) (State)
Burs 11-8-1950 ml Calve	ig lem , Brooklyn	ma
DATE DECENTED BY A DECICE AND DECIC A	AND MILLIONS DIRECTOR	DDECC

LOCAL REGISTRAR
NOV 8 - 1950
V S 151 N862.2 97024 167.0



### BALTIMORE CITY HEALTH DEPARTMENT

0 9572

Registered No\_ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland 1 before admission) A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or docation) (If outside corporate limits, waite RURAL and give C. CITY OR TOWN INSTITUTION (If rural, give location) O. STREET ADDRESS Yrs. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years | 11 Under 1 Year | 11 Under 24 Hours | 1ast birthday) | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify) widow 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR E (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTR none 5 0 13. FATHER'S NAME 15. W DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN DEATH CAUSE OF ONSET AND OFATE DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. П OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY MEDICA YES 21A. ACCIDENT, SUICIDE. 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 10. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? , 1960, to 200 4, 1950, that I last saw the 22. I hereby certify that I attended the deceased from Nov 3 deceased alive on 2004 . 1952, and that death occurred at Y P.m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 24A. BORIAL, CREMA-TION, REMOVAL (Specify) DATE RECEIVED BY 25. UNERAL DIRECTOR ADDRESS

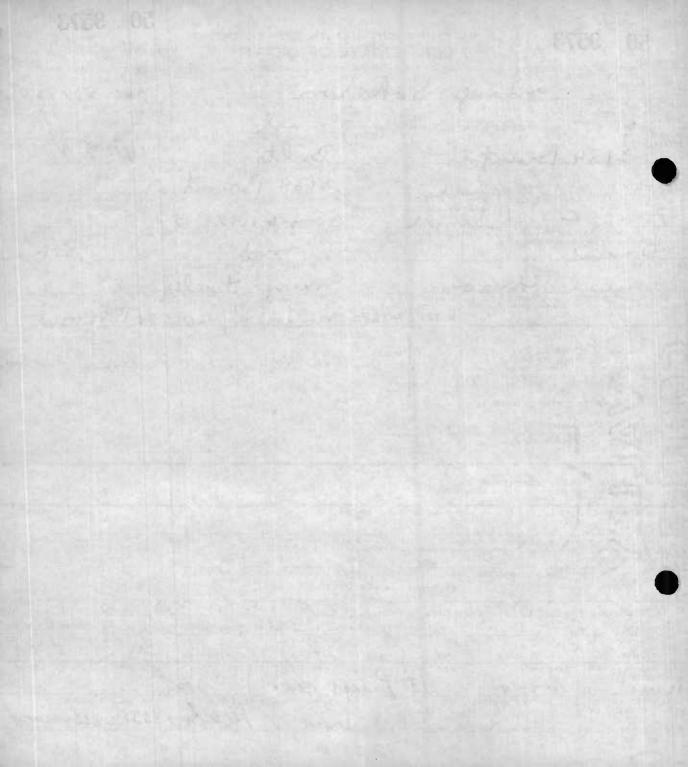
VS 150

LOCAL REGISTRAR

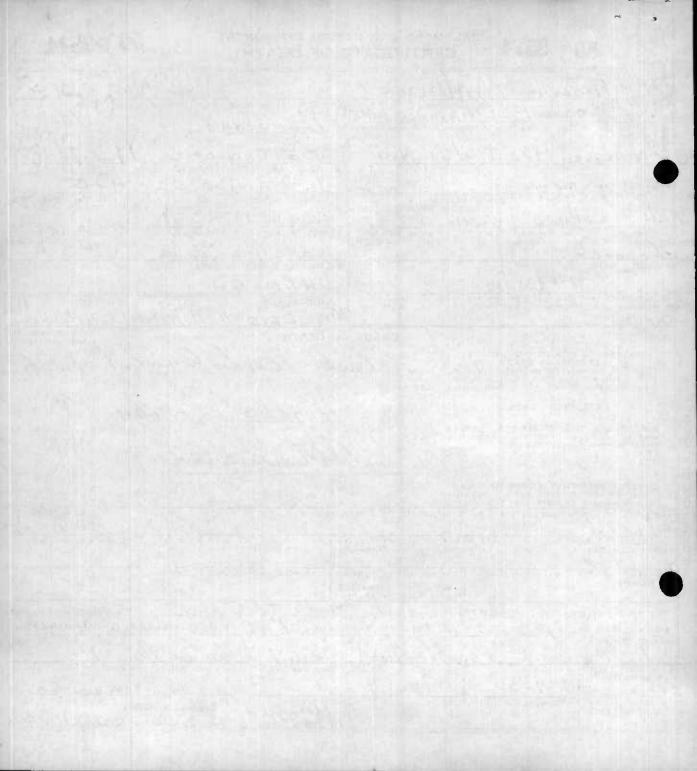
REGISTRAR'S SIGNATURE

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH NOV 5. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give logation) Mos. c. Length of stay in Baltimore Days 9. AGE (in years | H Under | Year | H Under 24 Hours | Hours | Min. 5. SEX 6. COLOR OR RACE MINGL 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) May 6 1897 5 3

11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 12. CITIZEN OF ork doneduring most of working life, even if retired) INDUSTRY mestu 18. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL 17. INFORMA Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 212-07-3680 INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) ..... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY (If in Baltimore City, give exact location) 21c. WHERE DID 218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED p. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE 19 50 that I last saw the an 16 22. I hereby certify that I attended the deceased from, deceased alive on tet-11 1950, and that death/occurred at A.m., from the causes and on the date stated above. 23A SIGNATURE 23s. ADDRESS 23C. DATE SIGNED Che rei M. D. GEMETERY OR CREMATORY 24D. LOCATION (Lity, town, or county) 24A. BURIAL, CREMA-24C. NAME OF LION, REMOVAL (Specify) ADDRESS DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150 7208A



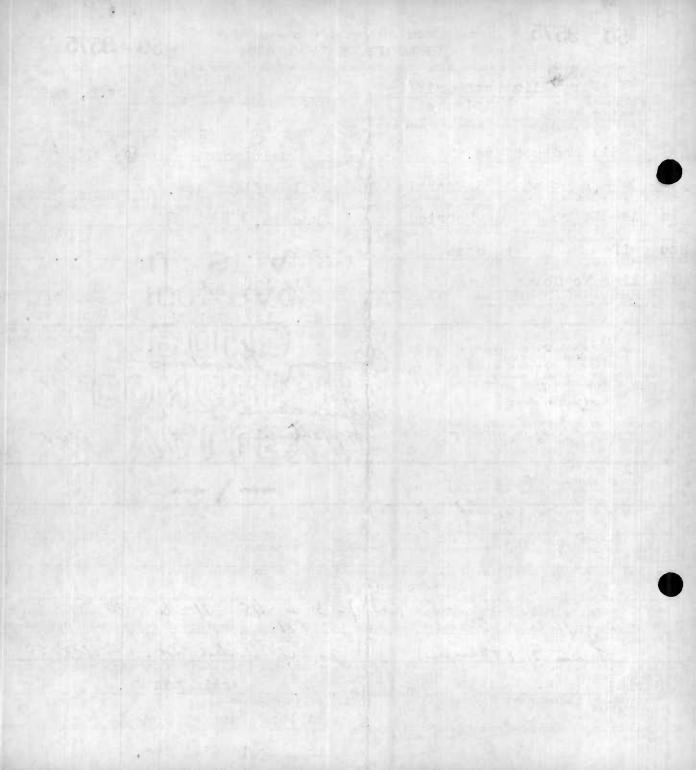
BALTIMORE CITY HEALTH DEPARTMENT Registered No. 9574 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DOMAS 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland /3 B. COUNTY (If not in hospital or institution, give street address or location) (If outside corporate limits, write RURAL and give AITINIONE VIADISON p. STREET ADDRESS (If rural, give location) Mos. NIADISON c. Length of stay in Baltimore Days 9. AGE (in years) If Under 1 Year If Under 24 Hours 7. SINGLE, MARRIED 6. COLOR OR RACE last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) DIORED WIDOWED 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A, USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR INDUSTRY WHAT COUNTRY work done during most of working life, even if retired) -Aborer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME UNLNOWN UNKNOWN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. UNKNOWN INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19 DATE OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or HOMICIDE Specify) INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F HOW DID INJURY OCCUR? NOT WHILE WHILE AT AT WORK , 195 Othat I last saw the 22. I hereby certify that I attended the deceased from m., from the causes and on the date stated above. 5 19 5 and that death occurred at deceased alive on 11-23C. DATE SIGNED 23A. SLOVATURE 23B. ADDRESS 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OF CREMATORY 24B. DATE 11-9-50 enheck-hancaster Co. Va. BUPIAL 25. FUNERAL DIRECTOR HILL DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150



6-615

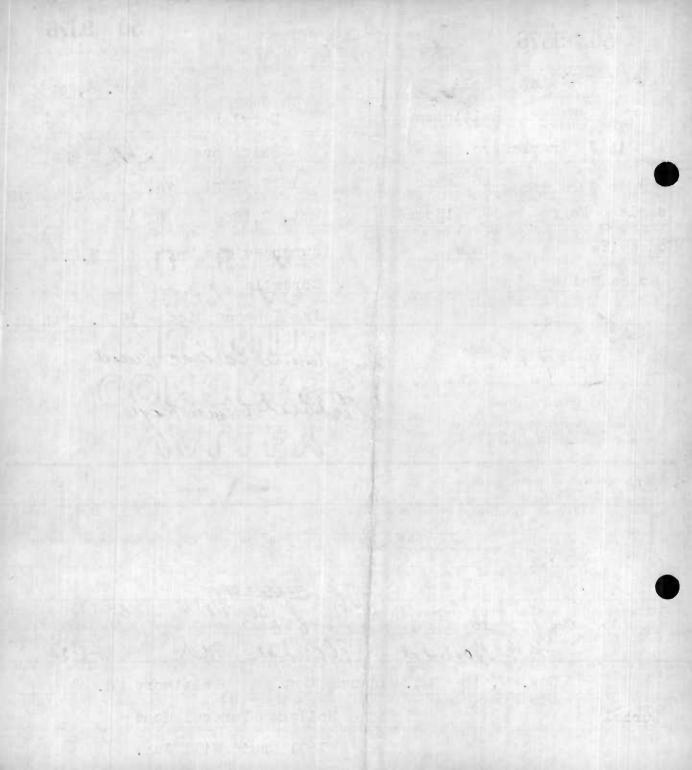
9 5	9575			EALTH DEPARTMENT E OF DEATH	Registered	9575
BIRTH NO.  1. NAME OF D (Type or Print)					2. DATE	
	Mary Eliz				DEATH NO	v.6. 1950
	City, Maryland	Baltim		4. USUAL RESIDENCE (W	Where deceased lived. I B. COUNTY	f institution : residence before admission)
B. FULL NAME HOSPITAL OR INSTITUTION	OF (If not in hospit	al or instituti	on, give street address or location)		outside corporate lim	its, write RURAL and give
0 25	ll Madison	Ave.		Baltimore	. /	township)
			Yrs.	D. STREET ADDRESS (If		
c. nength of s	tay in Baltimore	35 Y	ears Mos.	2511 Madison	A	
5. SEX	6. COLOR DR RACE	7. SINGLE	, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years	H Under I Year   If Under 24 Hours Ionths: Days Hours: Min.
Female	Negro		rried (Specify)	June 16, 1883	last birthday) In	ionths: Days Hours: Min.
10A. USUAL OC ork doneduring most HOUSEWIF	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S	NAME		0	14. MOTHER'S MAIDEN N	AME	1 0.8.
Willia	n Mc Cowan			Virginia Ar	nn ?	2
15. WAS DECEASI	ED EVER IN U. S. ARME! (If yes, give wer or date	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS 2511
roa, no or unanowny	(x. yes, give was or date	or service)	SECURITY NO.	Mr. Lloyd Gr	2.0	dison Ave.
(This does heart failu injury or DISEASES RISE TO T	SE OR CONDITION LEADING TO DEA' not mean the mode of re, asthenia, etc. It mea complication which of ANTECEDENT CAUS GOR CONDITIONS, II HE ABOVE CAUSE (A) 'ING CONDITION LA	TH  of dying, e. g  ns the disease  caused death  SES  F ANY, GIVIN  STATING TH	(B) (A) Cor	or DEATH  mon Men  enischemi )	61119	INTERVAL BETWEEN DNSET AND DEATH
TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE DR CONDITION OF OPERATION   1	NOT RELATE	D	PATION		20. AUTOP5Y?
JISA. DATE C	OF OFERATION D	98. MAJOR	FINDINGS OF OPER	RATION		YES ND
	ENT WAS UNDER- R CONTRIBUTING		CE OF INJURY (e. g., i arm,factory,street,office bldg.,		f in Baltimore City,	give exact location)
INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK WORK AT WORK		OCCUR?	
deceased al	y certify that I att	cnded the	and that death occur	-3 -, 1942 to	//- 6, 195 he causes and on	the date stated above.
23A. SIGNA	France Se	Hom	M. D.	2224 Male	s. hr.	23c. DATE SIGNED
rion, removal (S Buria	pecify)	1950	Old Fellow Arlingto	rc Cemeters	ington (City, town	
DATE RECEIVE	RAR REGISTRAR	S SIGNATU	RE	Holland Fune	ral Home	ADDRESS
VS 150	1000	CO a rock	Mulaus, Min			0.1

1631 Druid Hill Ave, 094a



BALTIMORE CITY HEALTH DEPARTMENT Registered No .\_\_ CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE Bell Lena Nov. 6, 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland B. COUNTY Baltimore before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION 547 C. CITY OR TOWN (If outside corporate limits, write RURAL and give Argyle Ave. Baltimore o. STREET ADDRESS (If rural, give location) Yrs. Mos. 40 Years c. Length of stay in Baltimore 1547 Argyle Ave. Days 6. COLOR OR RACE 9. AGE (in years li Under 1 Year Hours Min. 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED (Specify) Female Negro Sept. 7,1888 10A. USUAL OCCUPATION (Givekind of) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Home Lawrenceville Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Moses Bailev Cordelia 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO Miss Rebecca Rice 28th St INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH pertenua Cardiae Sevene Erobral Hemankage DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER INJURY OCCUR? LYING OR CONTRIBUTING 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY 22. I hereby certify that I attended the deceased from 1957, to MAV.6 , 1950, that I last saw the 1910 . and that death occurred at \$15 Am., from the causes and on the date stated above. deceased alive on Thou. I 23A. SIGNATURE 23C. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Nov. Mt. Auburn Cem. Baltimore Md. REGISTRAR'S SIGNATURE DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS Burbal Holland Funeral Home

FE



0136

N.D143	021	BA	LTIMORE CITY HE			
BIRTH NO.			CERTIFICATI	E OF DEAT	H Registered 1	No.
1. NAME OF (Type or Print)					2. DATE	
		y Gilmon	re King		OF DEATH 11-7	
	City, Maryland			4. USUAL RESIDE A. STATE Mary	ENCE (Where deceased lived, If	institution: residence before admission)
B. FULL NAME HOSPITAL OR	Baltimore	City Hos	tion, give street address or Spitals location)	c. CITY OR TOWN		s. write RURAL and give
INSTITUTION	4940 Easte			Baltimore	2 3 4	township)
Congth of	stay in Paltimone	55 )	Yrs. Mos.	- /	rgetown Rd. (30)	
5. SEX	stay in Baltimore		Days	8. DATE OF BIRTH		f Under 1 Year   If Under 24 Hours
M	W	Sepa	E. MARRIED. NED, DIVORCED (Specify) arated	Oct. 15,189	last hirthday) Mo	onths Days Hours Min.
IOA. USUAL OC	CCUPATION (Give kinds of working life, even if retires	of 10B, KINI	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Machin	ist		0. R.R.	Maryland	3.	WHAT COUNTRY
13. FATHER'S				14. MOTHER'S MA	IDEN NAME	
	mas O. King			Ida Burns	3	
15. WAS DECEAS Yes, no or unknown	(If yee, give war nr de	ED FORCES? tes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT I	Saltimore City Hot 4940 Eastern Aver	APFEALS nue
18.002	X		CAUSE	OF DEATH		INTERVAL BETWEEN
	SE OR CONDITION	DIRECTLY				ONSET AND DEATH
(This doe	LEADING TO DE	of dying, e.		ary Tubercul	Losis	Unknown
	ure, asthenia, etc. It me complication which					
	ANTECEDENT CAL	ISES				
2			(B)	*************************************		
RISE TO UNDERL	ES OR CONDITIONS, THE ABOVE CAUSE (A YING CONDITION	IF ANY, GIVI ) STATING T LAST.	NG HE DUE TO			
5						
OTHER	II SIGNIFICANT CON	DITIONS CO	(0)			
TRIBUTIN	G TO THE DEATH, BU	T NOT RELAT	ŁD			
	OF OPERATION		FINDINGS OF OPER	ATION		20. AUTOPSY?
5	FUE GUIGIEF	1 04= DI	165.05 11111512 /	Loss Museus B	UP (16 /- P-14) C'A	YES NO
HOMICIDE	ENT, SUICIDE, (Specify)	about home,	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	tc.) 21c. WHERE D		give exact location)
	(Month) (Day) (Yea	r) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
INJURY		m.	WHILE AT NOT WHILE			
22. I herei	by certify that I a	ttended the		1950	), to 11-7- , 19_5	Othat I last saw the
	live on 11-7-		and that death occur	red at 5.45a m.	, from the causes and on ti	he date stated above.
23A. SIGNA	TURE	1/2		38. ADDRESS		23c. DATE SIGNED
	M.A.	1119	M.D.	4940 Easter		11-7-50
TION REMOVAL	Specify) 24B. DATE	-1950	Dama scus Met	hodist	Montgomery Co.	Md.
DATE RECEIVE		SSIGNAT		James d. n	ECTOR 18 Cully	ADDRESS
	NGALACU.	ay on / ru	liance, Alian	James a. "	11306. Fint	and.
					7	

544 50

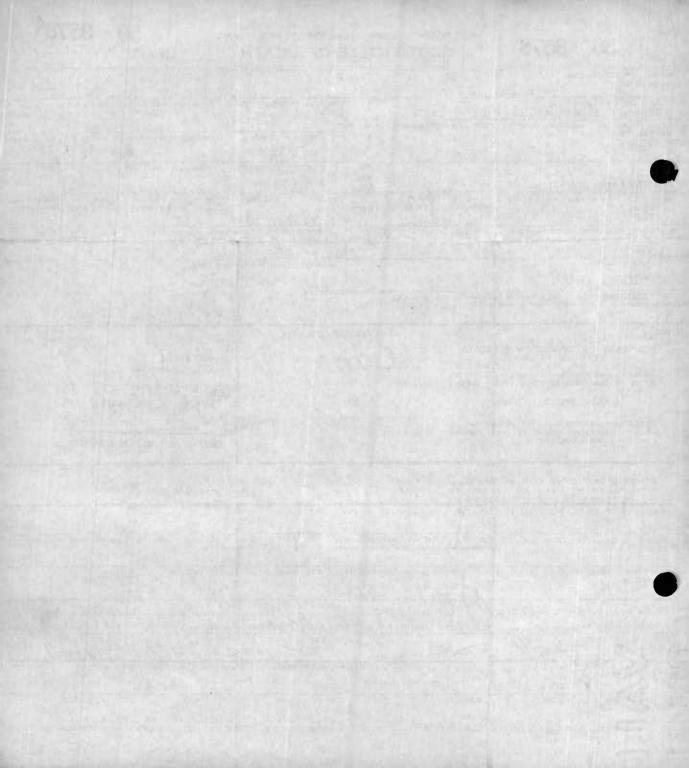
B-536

## BALTIMORE CITY HEALTH DEPARTMENT 50 9578

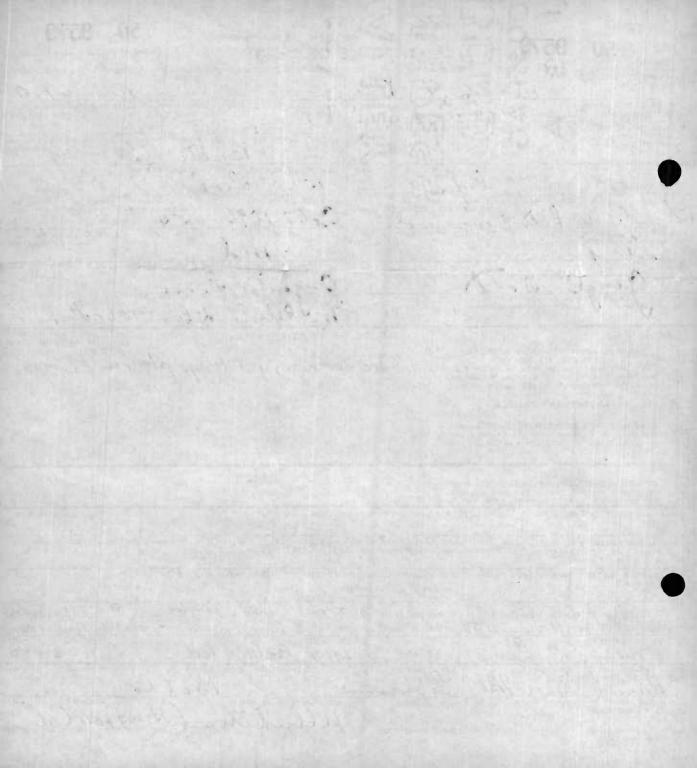
BIRTH NO.	00 0070		CERTIFICAT	E OF DEATH	Registered l	No.	
. NAME OF D Type or Print)	ECEASED				2. DATE	4	
		en M. B	ender		DEATH NOV	. 7. 1950	
B. PLACE OF D. Baltimore (	EATH: City, Maryland 16	23 Home	steed St	4. USUAL RESIDENCE (W	Where deceased lived. If B. COUNTY	institution : residence before admission	
FULL NAME			on, give street address or	Maryland	2. 0001111	before admission,	
NSTITUTION			location)		outside corporate limi	ts, write RURAL and give	
10				Baltimore	Eq.	a 07 township	
			Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)		
	tay in Baltimore		Days	1623 Homestead	St.		
S. SEX	6. COLOR OR RACE		MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday) Mo	onths: Days Hours Min.	
emale	White	Marr		Nov. 11, 1896	53	TATAL.	
OA. USUAL OC rk done during most o	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF	
t home				Baltimore, Md.		WHAT COUNTRY	
3. FATHER'S N				14. MOTHER'S MAIDEN NAME			
	. Smith			Elizabeth Dimmic	ck		
5. WAS DECEASE	D EVER IN U. S. ARMED (If yes, give war or date)	FORCES?	16. SOCIAL	17. INFORMANT	A	DDRESS	
No.	( your grown or duour	. 01 201 1100)	SECURITY NO.	Futha Hookins 50			
18.420.		144	CAUSE	OF DEATH	JOS BOOK HEVE	INTERVAL BETWEEN	
	E OR CONDITION	DIRECTLY		1	,	ONSET AND DEATH	
	not mean the mode of	TH	. Cori	many 14 non	abosis	and the same of th	
heart failui	re, asthenia, etc. It mea complication which c	ns the disease				***************************************	
100000000000000000000000000000000000000			, 552.10	CER	TIFICATION APPR		
	ANTECEDENT CAUS	ES	(8)	J	ohn R. Da	013	
	OR CONDITIONS, II			D&C:	Houley Kol)	M.D.	
UNDERLY	ING CONDITION LA	ST.		CHI	IEF OR ASST. MEDICAL	EXAMINER.	
			(C)				
OTHER O	11						
TRIBUTING	IGNIFICANT CONDI	NOT RELATE	D Hinnon	tensive Cardio-	vascular dist	240	
	F OPERATION 1		FINDINGS OF OPER				
I ISA. DATE O	OFERATION O	SB. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?	
2 IA. ACCID	ENT WAS UNDER-	21B. PLA	CE OF INJURY (e.g., in	n or   21c. WHERE DID (I	f in Baltimore City,	give exact location)	
LYING OF	R CONTRIBUTING	about home, fa	arm, factory, street, office bldg., e	tc.) INJURY OCCUR?			
	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?		
NJURY			WHILE AT NOT WHILE				
		m.	WORK AT WORK				
	y certify that I att	ended the	deceased from	, 19 , to	, 19	_, that I last saw the	
deceased al		_, 19, 0		red at 5.45 Am., from th	re causes and on t		
23A. SIGNAT	py/1/2	Zum	M. D.	38. ADDRESS Harfor	el Orl.	23c. DATE SIGNED	
14A. BURIAL C ION, REMOVAL (S Burial	Decify Nov. 12	1950	Loudon Park		cimore, Md.	or county) (State)	
ATE RECEIVE	BY   REGISTRAR	S SIGNATU		25. FUNERAL DIRECTOR		ADDRESS	
OCAL REGIST	RAR	e 1/1	Linux ME	Ullrich Funeral H	ome 2008 077	eans St	
VS 150	Sanda o	Jer / YIL	liante Most	ozzateta a diferent il	JEC 1000 OII	.come out	
V5 150	- P 1						

NOV 8 - 1950

093d



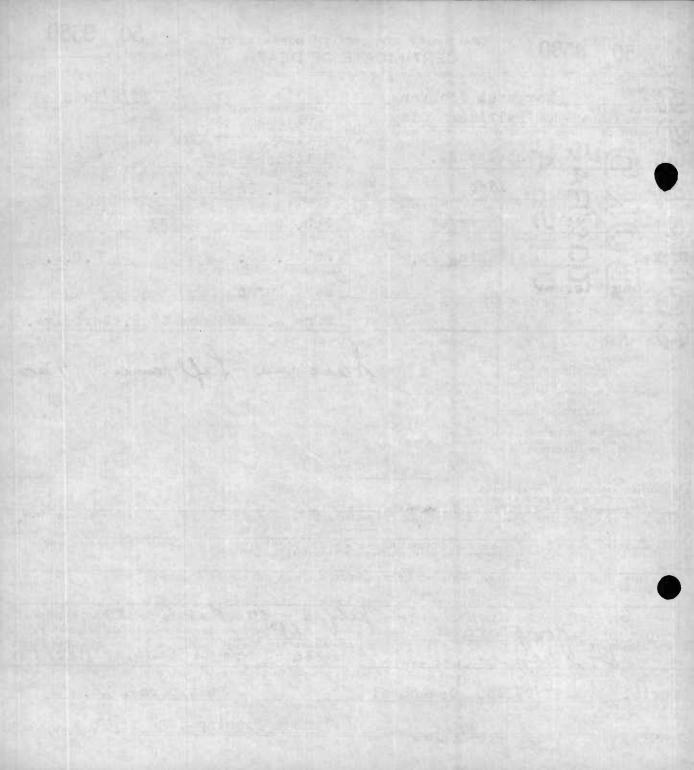
3-450 50 9579 BALTIMORE CITY HEALTH DEPARTMENT 9579 Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland 15 46 A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Yrs. o. STREET ADDRESS, (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE If Under 1 Year 7. SINGLE, MARRIED 8. DATE OF BIRTH AGE (In years It Under 24 Hours last birthday) Months: Days Hours: Min WIDOWED, DIVORCED (Specify) modelated de 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? Jugan 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ROUGH 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (Aff yes, give wer or dates of service) 16. SOCIAL ADDRESS SECURITY NO. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY (A) Carcinoma right lungs pleura 8 mos. LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA 218. PLACE OF INJURY (e. g., in or 21c WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? CAUSE OF DEATH 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT WORK . 1950, that I last saw the 22. I hereby certify that I attended the deceased from 3-23-1950 to 11-6deceased alive on 11-6, 1950 and that death occurred at 8 P. m., from the causes and on the date stated above, 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED Delair 240. LOCATION (City, town, or county) 24A. BURIAL, CREMA-24C-NAME OF CEMETERY OR CREMATORY 24B. DATE TION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150 5



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE Margaret Cochran DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived If institution : residence ^STATE land A. Baltimore City, Maryland Baltimore City B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) I54I S Charles St. Baltimore City D. STREET ADDRESS (If rural, give location) Yrs. Mos. Life 1541 S. Charles St. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years li Under 1 Year | If Under 24 Hours last birthday) | Months: Days | Hours | Min. 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) Widowed Female White Feb. 5 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY Balto. Md. U.S.A. Packer Baking 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME John Tierney Mary Burns 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Anna M. Anderson I7 E. Fort Ave. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ...... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? NO L EDICA (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE (Specify) p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE 1950 to Nov 6 1950 that I last saw the 22. I hereby certify that I attended the deceased from. m., from the causes and on the date stated above. deceased alive on 1950, and that death becurred at 23c. DATE SIGNED 23B. ADDRESS 23A. SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) /971950 Baltimore Md. Cathedral Burial ADDRESS 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Flynn & Fleming I426 Light St

690

0551



5-312 50 9	581
NAME OF DECEASED Type or Print)	MARY
PLACE OF DEATH:	land 99/

VS 150

5( BIRTH NO.	9581		CERTIFICATI			Registered :	No		
1. NAME OF DEC (Type or Print)	EASED MAI	RY STEPC	CICH		2.	OF NOV.	6, 1950		
3. PLACE OF DEA A. Baltimore Cit B. FULL NAME OF	y, Maryland 92		ion, give street address or	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admiss					
HOSPITAL OR INSTITUTION			location)	c. CITY OR TOWN	(If outs Ltimore	ide corporate limi	ts, write RURAL and give		
c. Length of sta	v in Baltimore	73	Yrs. Mos. Years Days	D. STREET ADDRE		l, give location)  lnord Ave			
female 6	color or RACE white	7. SINGLI WIDOW	E, MARRIED. VED, DIVORCED (Specify) LOWER	8. DATE OF BIRTH Oct. 24, 187	9.	AGE (In years	if Under 1 Year It Under 24 Hours onths Days Hours Min.		
OA. USUAL OCCL ork done during most of w housew	orking life, even If retired	108. KIND	of Business or INDUSTRY	11. BIRTHPLACE (S Czechoslov		n country)	12. CITIZEN OF WHAT COUNTRY		
13. FATHER'S NA	Joseph 2	itnik		14. MOTHER'S MA	IDEN NAME	Josefa K	illian		
15. WAS DECEASED	EVER IN U.S. ARME (If yee, give war or dat	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Joseph Stepo	cich, so		Belnord Ave.		
(This does n heart failure, injury or co	EADING TO DEA of mean the mode asthenia, etc. It me implication which NTECEDENT CAU OR CONDITIONS, ABOVE CAUSE (A NG CONDITION L  II INIFICANT CONE	of dying, e.; ans the disease caused death SES IF ANY, GIVII ) STATING TI AST.	(B) Chr.  (B) Chr.  (C) Pue	Myoc			5-2340 5-146		
TRIBUTING T	O THE DEATH, BUT	NOT RELAT	ED .	ATION	•••••		20. AUTOPSY?		
21A. ACCIDEN		21B. PL/	ACE OF INJURY (e. g., i	n or   21c. WHERE D		Baltimore City,	YES NO give exact location)		
22. I hereby deceased aliv 23- SIGNATU	e on RE	tended the	h	23 146	to 11-	6-,185	G, that I last saw the the date stated above		
24A. BURIAL. CRITION, REMOVAL (Spe			M. D.  24c. NAME OF CEMETE  Holy Redeemer	RY OR CREMATORY					
DATE RECEIVED	BY   REGISTRAR			25. FUNERAL DIR Schimunek, Fu 2601-3-5 E.	meral F	lome, Inc.	ADDRESS		

tustington Williams, Mis

093d

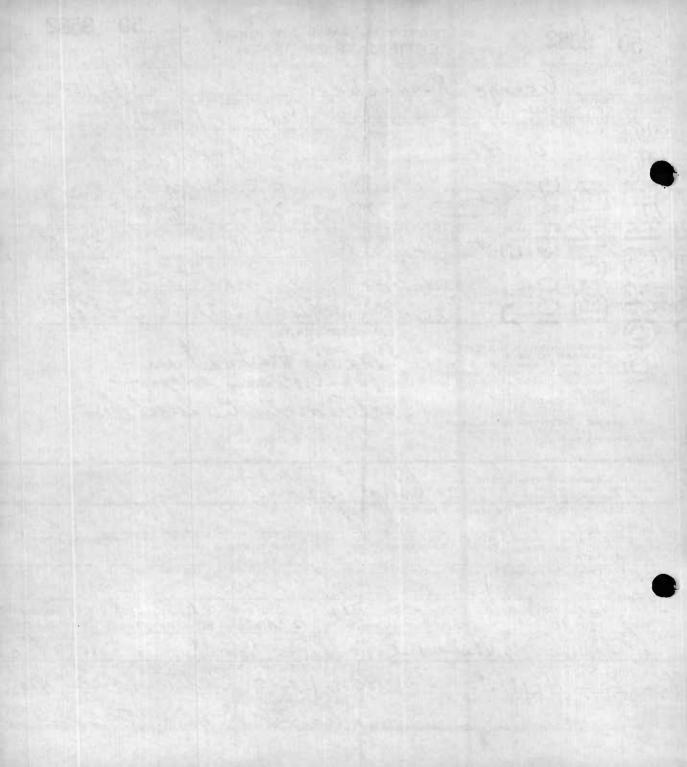
R-55/ 50 9582
NAME OF DECEASED (Type or Print)
. PLACE OF DEATH: Baltimore City, Marylan

-	50 9	582		TIMORE CITY HE		10.	00 0000
В	IRTH NO.	002		CERTIFICAT	E OF DEATH	"Regis	tered No.
1.	NAME OF DECEA	SED		0 /		2. DATE	11/0/
_		UEON	295	RONNENS.	FRG	OF DEATH	11/8/50
	Baltimore City,		V -		4. USUAL RESIDEN	ICE (Where deceased B. CQU	lived. If institution; residence
	FULL NAME OF OSPITAL OR	(If not in hospit	al or institut	ion, give street address or location)	19 %.	Dall	emore
	STITUTION	21	41	iocation)	c. CITY OR TOWN	/ 1/	ate limits, write RURAL and give township)
7		И.	17.	Yrs.	o. STREET ADDRES	S (If rural, give loca	5200
-	gth of stay in	Roltimore		Mos.	1. 2 B	In man, give loca	1
5		LOR OR RACE	7. SINGLE	Days Days	8. DATE OF BIRTH	9. AGE (in )	years   If Under 1 Year   If Under 24 Hours
	M	W	WIDOW	ED. OIVORCED (Specify)	3/30/8	8 last birtho	day) Months Days Hours Min.
10	A. USUAL OCCUPA	TION (Give kind of	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (Sta	ate or foreign country)	
,01	maye-1	Mukal	Stull	MOUSTRY	14	1 d	7 WHAT COUNTRY?
13	FATHER'S NAME		1	- province	14. MOTHER'S MAIL	EN NAME	0.10.10.1
	Hreelo	wich	Ron	nenkera	Mun	a. Zun	article
15 (Ye	MAS DECEASED EVE	R IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT	1 X 10 V 1	ADDRESSAMA
	110			2/2-17-937	Mue bor	welky Fr	tellet no
	18. 420.0			CAUSE	OF DEATH	. /	INTERVAL BETWEEN
	DISEASE OF	CONDITION	DIRECTLY	0	-t. / J	1/1	ONSET AND OEATH
	(This does not r	olng to DEA	f dying, e. g	(A) CONG	clive heart	Naileur	
	heart failure, ast injury or compl	henia, etc. It mea ication which c	ns the disease aused death	DUE TO SEL	ulmenn	Le edem	u-
	ANTE	CEDENT CAUS	ES	CH	- 1		11
Z				(B) USUL	uoseleer	tie Mar	Tdio
2	DISEASES OR O	OVE CAUSE (A)	STATING TH	E OUE TO			
V U	UNDERLYING	CONDITION LA	ST.	(C)	*****	***************************************	
L		11		~			
R	OTHER SIGNIF						
CE	TRIBUTING TO T	OR CONDITION	CAUSING I	mon	ysema		
٧	19A. DATE OF OP	ERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
CA			l ose DIA	CE OF IN HERY (	Late Wilese Bis	(T6.1 T) 141	YES NO L
1EDI	LYING OR CON CAUSE OF DEAT	TRIBUTING	about home, f	CE OF INJURY (e. g., in arm, factory, street, office bldg., e	to) 21c. WHERE DIE tc.) INJURY OCCURT	(II in Baltimore	e City, give exact location)
2	21D. TIME (Month	) (Day) (Year)	(Hour)	21E. INJURY OCCURR	D 21F. HOW DID I	NJURY OCCUR?	
(	O INJURY		m.	WORK NOT WHILE			
	22. I hereby cer	tify that I att	ended the	deceased from 111	7 , 1950,	to 11/8	, 195 pthat I last saw the
	deceased alive or	11/8	., 19_5,0	and that death occur	red at 12'5 Am., f	rom the causes an	ed on the date stated above.
	23A. SONATORE	i Da	2011	2	3B ADDRESS	/	23C. DATE SIGNED
2	4A. BURIAL, CREMA	- 24B. DATE	- Court	AC. NAME OF CEMETE	RY OR CREMATORY)	240 ACATION (Cit	y, town, or county) (State)
TIC	ON REMOVAL (Specify	11/11	150	Toursto	n Paik	Baltin	and mil
8	ATE RECEIVED BY	REGISTRAR	SSIGNATII	RE	25 FUNERAL DIREC	TOR	ADDRESS
L	DCAL REGISTRAR	1	· fum	14/11.	& with	Janes a	tone anillo mi
			Marine Marine	416 4 4 4 4 4 6 6 6 6 6 6 6 6 6 6 6 6 6	THE STATE OF THE S	LOW W DELPH & U'L	THE THE STATE OF T

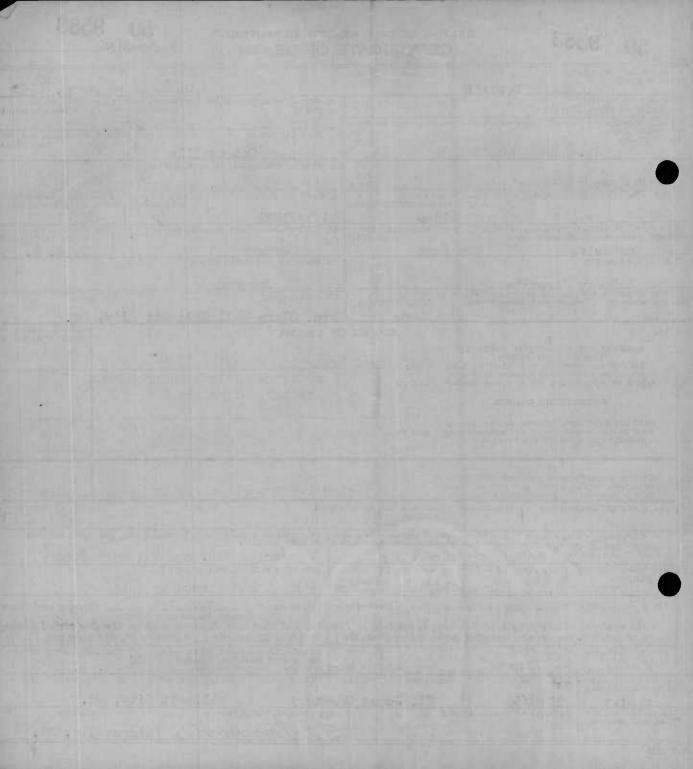
NOV8159950

058 8T

093d



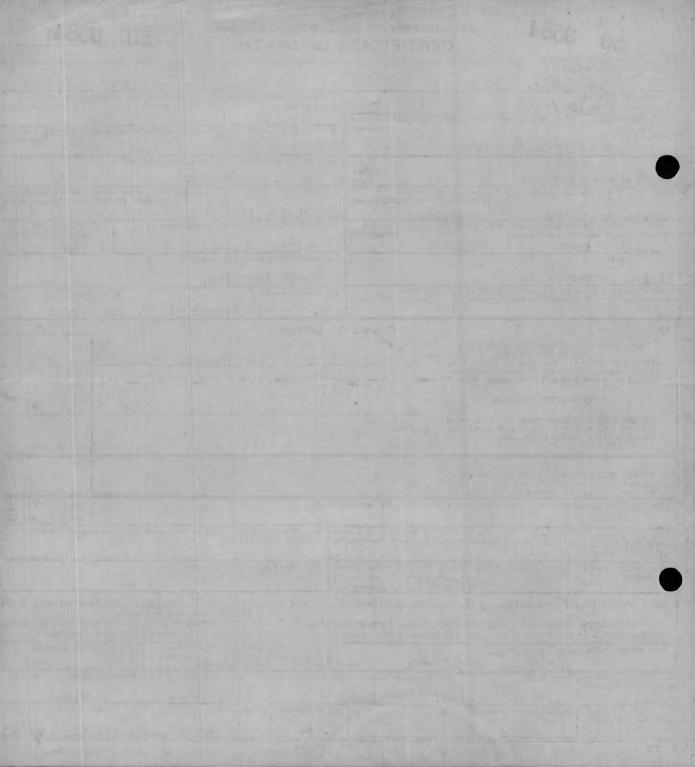
ВІ	RTH NO.	-9583		CERTIFICAT	E OF DEAT	H Registered	No.
	NAME OF C		ONTELL			2. DATE OF	mhom 6 1050
	PLACE OF D Baltimore		NAT MALL		4. USUAL RESID	ENCE (Where deceased lived, I	f institution: residence before admission
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	al or institu	tion, give street address or location)	Maryland	Baltimore (If outside corporate limit	its, write RURAL and give
	1.0	Sto Agnes Ho	spital			atonsville	township
	On the second	4 t D-11		Yrs. Mos.		ESS (If rural, give location)	
	SEX	tay in Baltimore	7. SINGL	Days E, MARRIED,	Frederick	Ave. and Poplar  9. AGE (In years)	Avenue h Under 1 Year   It Under 24 Hours
-	female	white	WIDOV	ved, divorced (Specify) <b>Widow</b>	1/12/1872	last birthday) M	onths Days Hours Min.
10 work	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KINI	O OF BUSINESS OR INDUSTRY		State or foreign country)	12. CITIZEN OF
	Hous	ewife	Own	Home	German		U. S. A.
13	. FATHER'S 1	NAME	1000		14. MOTHER'S MA	IDEN NAME	
15	WAS DECEASE	enry Jogerite		1 10 500 11		nown	
(Yes	, no or unknown)	(If yos, give war or date	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No	- 1/-		None		Wall Ellicott Cit	INTERVAL BETWEEN
CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, c.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  CAUSE OF DEATH  (A) Post traumatic shock following fracture of left humerous a fracture of pelvis						and	
CERTIFICATION	RISE TO T	S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	STATING T				
ERTIF	TRIBUTING	GIGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELAT	N- Hyper	tensive arte	riosclerotic hear	t disease
- I	19A. DATE C	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICAL	UNDERLYIN UTING []	NAL CAUSE WAS G A OR CONTRIB- CAUSE OF DEATH.	aboot home,	ACE OF INJURY (e. g., in farm,factory,street, office bldg., c street	Frederic	R? k Ave. and Belgro	53.00
Σ	INJURY	(Month) (Day) (Year) ember 6,1950		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		an struck by auto	
	22. 1 certi	fy that I took char	ge of the	remains described a	bove, held an	autopsy	thereon and from
	the eve	idence obtained by ath in my opinion	said Auto	opsy, Inspection or l from: natural causes	nguiry, find that	Autopsy, Inspection or Inquiry said deceased died on t suicide , homicide ,	he day stated above undetermined $\Box$ .
	23A SIGNA				238. CHIEF ME ASSISTANT MI		3C. DATE SIGNED
24 TIC	A. BURIAL, ON, REMOVAL (S		9			24D. LOCATION (City, town	, or county) (State)
D4	Buria	11/9/50 D BY   REGISTRAR		St. Johns C	emetery 25. FUNERAL DIR	Ellicott City,	Md.
LC	CAL REGIST	RAR	SIGNATU	///	Easton	1	sville, Md.
N	DA2B-13	N 808.	0				1700



H-156 9584 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	0 00-		CERTIFICAT	E OF DEATI	Н	Registere	d No	/ 1
1. NAME OF D (Type or Print)						2. DATE		
,	MICHAEL F. H	EPNER			12		vember 6	
a. PLACE OF D	City, Maryland			4. USUAL RESIDE	ENCE (WE	ere deceased lived B. COUNTY		n : residence forc admission)
B. FULL NAME HOSPITAL OR	OF I'f not in hospit	al or institut	ion, give street address or location)		47.0			
INSTITUTION	(1		100801011)	C. CITT OR TOWN		utside corporate li	mits, write R	URAL and give township)
	University Ho	spital	Yrs.	Baltimore D. STREET ADDRE		uval give logation	100	
congth of c	tay in Baltimore	50	Mos.	515 S. An				
5. SEX	6. COLOR OR RACE		Days E. MARRIED.	8. DATE OF BIRTH		9. AGE (In years	If Under 1 Year	I If Under 24 Hours
male	white	WIDOW	ED, DIVORCED (Specify)	1	- 1	last birthday)		Hours Min.
IOA. USUAL OC	CUPATION (Give kind of		rried OF BUSINESS OR	August 15, 1		eign country)	1 12. CITI	ZEN OF
ork done during most of a Chinist	of working life, even if retired)	Rail	INDUSTRY	Warsaw,	Polond	1	WHA	AT COUNTRY
13. FATHER'S N		LIGHT	106.0	14. MOTHER'S MA			US	n .
William H	enner			Catherine	Hisn			
5. WAS DECEASE	D EVER IN U.S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT			ADDRESS	
NO	(If yes, give war or dates	OI service)	SECURITY NO.	Mrs. Theresa	Henne	er 515 S		pat
18. 42:			CALISE	OF DEATH	110,0110	-,)-)	INTE	RVAL BETWEEN
1	SE OR CONDITION	DIRECTIV	CAUSE	O. BLAIII			ONSE	ET AND DEATH
	LEADING TO DEAT	ГН	arterio	sclerotic ca	rdiova	scular di	sease	
heart failt	re, asthenia, etc. It mca complication which	ns the diseas	e.	***************************************	************	************************		**********************
111,011			., 502 10					
	ANTECEDENT CAUS	ES	(B)					
	S OR CONDITIONS, II		1G					*************
	YING CONDITION LA		(C)	**************************************				*******
	II SIGNIFICANT CONDI							
	TO THE DEATH, BUT							
19A. DATE C	F OPERATION 1	9B, MAJOR	FINDINGS OF OPER	RATION			20.	AUTOPSY?
		1 ot- 51 t	SE OF INTURY (	DIC WHERE D	ID (TA	in Daltiman Cit	YES	
	NAL CAUSE WAS		ACE OF INJURY (e. g., i arm,factory,street,office bldg.,			in Baltimore Cit	y, give exact	. location;
	CAUSE OF DEATH							
INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT   NOT WHILE	. 1	INJURY	OCCUR?		
		m.	WORK AT WORK			a T .		
22. I certi	fy that I took char	ge of the	remains described of	ibove, held an In	QUILTY I	spection or Inqui	LON there	on and from
the evi	idence obtained by	said Auto	psy, Inspection or I	Inquiry, find that	said dec	eased died on	the day s	stated above
		resulted f	from: natural causes			, homicide		
23a, SIGNA	TURE 12K	X-	then,	ASSISTANT ME	EDICAL EX	XAMINER	Nov. 6	7 0 0 0
24A. BURIAL.		1	24c. NAME OF CEMETE	.D.   MEDICAL INVE		CATION (City, to		
non removal (S Burial	11/9/50		St. Stanislaus		Balti	more	Maryla	and
DATE RECEIVE	D BY   REGISTRAR			25. FUNERAL DIRI		more.	ADDRE	
LOCAL REGIST	RAR	pa for	W111.	F. B. Sadow	ski &	Sons, 1808	Laster	n America
V S 151	54 o. s.	160	THE SHAPE	tol.		1	/	1
		640	50 093d	June	45 ~	, Day	- Com	RU

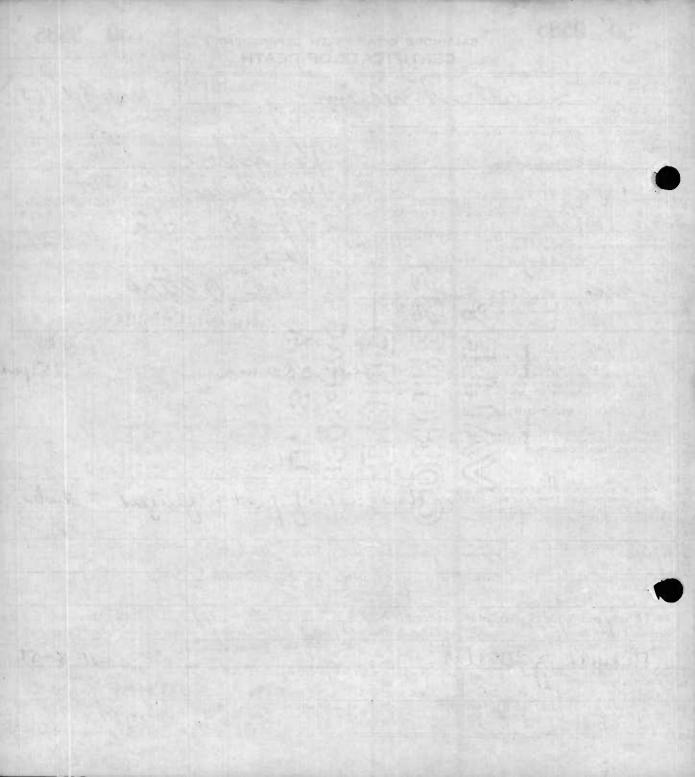
V S 151



### BALTIMORE CITY HEALTH DEPARTMENT

50 9585

В	RTH NO.	Λ		CERTIFICAT	E OF DEATH	Registered N	о
1.	NAME OF D ype or Print)	PECEASED	rille	1. Kniene	(KNIERIM)	2. DATE OF DEATH	8,90
	PLACE OF D Baltimore (	EATH: City, Maryland		Freed	4. USUAL BESIDENCE		institution residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hos	spital or instituti	ion, give street address or location)		(If outside corporate limits	
2		DARS ROPELES H	Athena		Lingsk	ort	township)
C.		tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS	If rural, give location)	st
-	SEX	6. COLOR OR RAC	CE 7. SINGLE	E. MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH		Under I Year   If Under 24 Hours
	mele	white	WIBOW	LD, DIVORCED (Specify)	2-19-04	46	nus Days Hours mm.
		CUPATION (Give kin of working life, even if reti-		OF BUSINESS OR		r foreign country)	12. CITIZEN OF WHAT COUNTRY?
	nou	newife,	2 00	un home	Vai		
13	FATHER'S	NAME ()	2000 10		14. MOTHER'S MAIDEN	Potick	
15	. WAS DECEASI	ED EVER IN U. S. AR	MED FORCES?	16. SOCIAL	17. INFORMANT	AL	DDRESS
(20	, 20 or	(1. 30) B. O Wal Or	-	SECURITY NO.	JOHES	HOPKINS HOSPITAL	
	18. 710.	0		CAUSE	OF DEATH		INTERVAL BETWEEN
	11	SE OR CONDITIO	N DIRECTLY		1		ONSET AND DEATH
	heart failu	s not mean the moure, asthenia, etc. It complication which	de of dying, e. s means the diseas	e,	luo derma	<b></b>	25 yrs
		ANTECEDENT CA	AUSES				
ERTIFICATION	RISE TO T	S OR CONDITION THE ABOVE CAUSE YING CONDITION	(A) STATING TH				
IFI		11		(C)	***************************************		
CERT	TRIBUTING	SIGNIFICANT COL G TO THE DEATH, E	UT NOT RELATE	ED LULIONE	ne of fret	2 Luieus	awks.
1		OF OPERATION	19B. MAJOR		RATION ()	00	20. AUTOPSY?
A							YES NO
IEDICAL	HOMICIDE	ENT, SUICIDE, (Specify)		ACE OF INJURY (e. g., i arm, factory, street, office bldg.,		(If in Baltimore City, g	rive exact location)
Σ	ID. TIME	(Month) (Day) (Ye	ear) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJU	IRY OCCUR?	
B	MOORT		m.	WHILE AT NOT WHILE			
	22. I hereb	ou certify that/I	attended the	deceased from 10	/25 , 1950, to	11/8 195	, that I last saw the
	deceased a	. 1/0		and that death occur		the eauses and on th	
	234. SIGNA	TURE	Tidali	M. D.	23B. ADDRESS CURAD A	UPALES ECSPITAL	23c. DATE SIGNED
2	4A BORIAL,	CREMA- 24B. DAT	E	24c. NAME OF CEMETE	RY OR CREMATORY 24D	LOCATION (City, town,	or county) (State)
	Kemova	28/11-	8-50	Kinospo	re denn	Kindsport	, senn
D	ATE RECEIVE	D BY   REGISTR	AR'S SIGNATU	IRE LAINE	25. FUNERAL DIRECTO	Page ( 17)	ADDRESS TO



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) DEATH Where deceased lived, If institution: residence 3. PLACE OF DEATH: 4. USUAL RESIDENCE A. Baltimore City, Maryland A. STATE B. COUNTY before-admission) (If not in hos tal or institution, give street address or B. FULL NAME OF HOSPITAL OR location) c. CITY (If outside corporate limits write RURAL and give INSTITUTION Yrs. (If rural. c. Length of stay in Baltimore 6. COLORADE BACE I 7. SINGLE, MARRIED. AGE (in years Il Under | Year WIDOWED, DIVORCED (Specify) day) Months Days Hours Min. Married 10A. USUAL OCCUPATION (Givekinder) ACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF orked neduring most of working life, even if retired) INDUSTRY WHAT COUNTRY? Turiero MAHDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes no or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN 18. 20.1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) . ERTIF

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH. BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

198, MAJOR FINDINGS OF OPERATION

20. AUTOPSY (If in Baltimore City, give exact location)

19A. DATE OF OPERATION

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING

CAUSE OF DEATH

INJURY

about home, farm, factory, atreet, office bldg., etc.) D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

WHILE AT

21B. PLACE OF INJURY (e.g., in or

21F. HOW DID INJURY OCCUR?

21c. WHERE DID

INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nor 2 towor 9, 19 5 That I last saw the deceased alive on Nor 8 1950 and that death occurred at Zm., from the eauses and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED

REGISTRAR'S SIGNATURE

25. FUNERA DIRECTOR ADDRESS

VS 150

DATE RECEIVED BY

EDICA

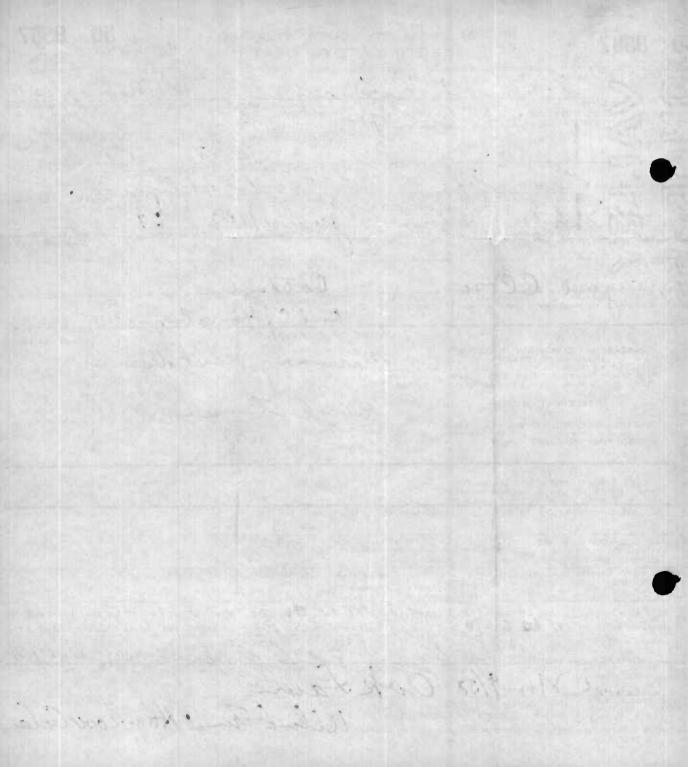
Joo Park Herget

# FREIENSENER

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 Registered No. 9587

BIRTH NO.	
Type or Print) Manne K Lee	2. DATE OF
B. PLACE OF DEATH:  A. Baltimore City, Maryland 3725 Brokleys	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission
8. FULL NAME OF (If not in hospital or institution, give street address of location	The med
NSTITUTION	c. CITY OR TOWN (If outside corporate limits, write RURA) and give township
Yrs.	D. STREET ADDRESS (If rural, give location)
Length of stay in Baltimore Left Days	2725 12 11 12
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (in years of Under 1 Year of Under 24 Hours last by thday) Months: Days Hours Min.
OA. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR	June 11 1883 67
OA. USUAL OCCUPATION (Give kind of rk done during most of working life, even if retired)  INDUSTR	1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
august Close	Cathern
5. WAS DECEASED EVER IN U. S. ARMED FORCES?  (If yee, give war or dates of service)  SECURITY NO.	17. INFORMANT ADDRESS
U The second of	Rail C/ Honselman 1800
18. 420.) CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Anna Went due
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	a a francisco
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	Calatensen
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(6)	
OTHER SIGNIFICANT CONDITIONS CON.	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY?
215 BLACE OF INJURY (	YES NO
21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e.g., about home, farm, factory, street, office bldg.	
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE	RED 21F. HOW DID INJURY OCCUR?
m. WHILE AT , NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from	Cor \$6, 1900, to nos/6, 1950, that I last saw the
deceased alive on 11/ A 619 10 and that death occu	rred at 4 fm., from the causes and on the date stated above.
	23B. ADDRESS 23C. DATE SIGNED
4A. BURIAL, CREMA- 24B. DATE . 24C. NAME OF CEMETI	ERY OR CREMATORY 240 LOCATION (City, town, or count) /(State)
ION, REMOVAL (Specify)	(State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
OCAL REGISTRAR housting for Milania Mila	1 1 1 1 1 1



2	50 95	588,	0/					- 0	0,000
В	RTH NO.	so Piggs			E OF DEAT		Registered N	)U No	9588
(T	NAME OF D ype or Print)	BAB	y gir	Brev	VEH A-8/3	546 DE	ATH NO	V 5	1950
Α.	Baltimore C	City, Maryland	, ,		A. STATE		. COUNTY		efore admission)
H	FULL NAME OSPITAL OR ISTITUTION	OF (II not in hos	pital or institut	ion, give street address o location		(If outside	corporate imit	s, write l	ROHAL and give
2	2	HOURS	SOPRIES RO	SPPE1	13A/2	LIMOHE.		46	township)
				Yrs. Mos.	D. STREET ADDRE	SS (lf rural, p	ve location)		
	Length of st	tay in Baltimore		Days . MARRIED.	6/06.	T3 ANK	SF	0.4.14	
L	emale	white	WIDOW	ED, DIVORCED (Specif	8. DATE OF BIRTH	3-0 g. AG	E (In years of t birthday) Mo	nths Day	ti Under 24 Hours ys Hours Min.
Horl	A. USUAL OC	CUPATION (Give kind of working life, even if retire	dof IOB. KIND	OF BUSINESS OR INDUSTR	11. BIRTHPLACE (S	State or foreign co	untry)		IZEN OF AT COUNTRY?
13	Clip	ford	Br	ewer	14. MOTHER'S MA	IDEN NAME			
	. WAS DECEASE , no or unknow.)		MED FORCES? ates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	HOMES BOP	LIAS KOSPIT	DDRESS	
ERTIFICATION	(This does heart failu in jury or DISEASE: RISE TO TUNDERLY	SE OR CONDITIO LEADING TO DI not mean the mod re, asthenia, etc. It r complication which ANTECEDENT CA S OR CONDITIONS HE ABOVE CAUSE ( YING CONDITION)	EATH e of dying, e. s neans the diseas neansed death USES S, IF ANY, GIVIN A) STATING TH LAST.	(B)	emsterrij emnyrës Tracum	el iele		4	ET AND DEATH
CE	TRIBUTING	TO THE DEATH, B	UT NOT RELATE	.D					••••
1	19A. DATE O	FOPERATION	19B. MAJOR	FINDINGS OF OPE	RATION				AUTOPSY?
EDICAL	21A. ACCIDE HOMICIDE	NT. SUICIDE, (Specify)		CE OF INJURY (e. g. arm, factory, street, office bldg			ltimore City, g	rive exac	-
Σ	ID. TIME (	Month) (Day) (Ye		21E. INJURY OCCUR WHILE AT NOT WHILE WORK AT WORK	E	INJURY OCCL	IR?		
	22. I hereby deceased all 23A. SIGNA	live on 11-3-	attended the	deceased from 11 and that death occur		from the cause		he date	I last saw the stated above.
24 TIC	4A. BÜRIAL, CON, REMOVAL (S	CREMA- 24B. DATE			ERY OR CREMATORY	24D. LOCATIO	N (City, town,	or count	y) (State)
	ATE RECEIVED DCAL REGIST		Tow Will	RE ALLEMAN	25. FUNERAL DIR	ECTOR		ADDRE	:s <b>s</b>
	VS 150					le aute		16	0 6

CHANGE REVER THE

## BALTIMORE CITY HEALTH DEPARTMENT

B	IRTH NO.			CERTIF	ICAT	E OF DEATH	registered 110.		
1.	NAME OF D	ECEASED	WILLIAM	н.	JAC	CKSON	2. DATE OF Novembe	r 7, 1950	
B. H	FULL NAME	city, Maryland	spital or institut		location)	A. USUAL RESIDENCE (A. STATE Maryland C. CITY OR TOWN (I Salisbury	Where deceased lived. If inst B. COUNTY WICOMICO f outside corporate limits, w	before ndmission)	
Yrs. Mos.						D. STREET ADDRESS (If rural, give location)  108 Lake St.			
WIDO			7. SINGLE	E. MARRIED, /ED, DIVORCE	Days  Days  (Specify)	8. DATE OF BIRTH	9. AGE (In years If Under last birthday) Months	r l Year If Under 24 Hours Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work dooe during most of working life, even if retired)  Capt. Tug Boat  Trans				owed of Busine ir sportati	VDUSTRY	Sept. 8, 1881 11. BIRTHPLACE (State or 1) Virginia		CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Richard Jackson						14. MOTHER'S MAIDEN NAME Belle Hart			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or uoknown) (If yes, give war or dates of service) 16. SOCIAL SECURIT 217-03-8					TY NO.	17. INFORMANT			
CERTIFICATION	hcart failure, asthenia, etc. It means the disease, injury or complication which caused dcath.) DUE TO  ANTECEDENT CAUSES					osclerotic heart	disease		
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER				OF OPER	ATION		20. AUTOPSY?	
UNDERLYING OR CONTRIB. about home, farm, factory, street, office bidg., etc.) INJURY OCCUR?						lf in Baltimore City, give			
Z 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT WORK AT WORK									
	22. I certify that I took charge of the remains described above, held an Autopsy Inspection or Inquiry  the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined [  23A. SIGNATURE  23B. CHIEF MEDICAL EXAMINER							etermined	
Z.	4A. BURIAL, CON, REMOVAL (S		/50	24c. NAME OF		RY OR CREMATORY 24D. L	OCATION (City, town, or c		
D.	ATE RECEIVED OCAL REGIST	BY   REGISTRA	AR'S SIGNATU	RE	100	25. FUNERAL DIRECTOR		= Kalto.	
V	S 151	.,,,,,,		2	405	3-11	093	e ma.	

. It was been The state of the s THE TORY - WORLD D. BRIDGE . O. L. BUT-STATE

CERTIFICATE OF DEATH Registered No 1. NAME OF DECEASED 2. DATE (Type or Print) CHARLES F. BEHRENS DEATH NOV. 7. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Md. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 3703 Piedmont Ave. townshin) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. agth of stay in Baltimore 3703 Piedmont Ave. Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min mala white married Jan. 24, 1868 82 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF vork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Indiana President (rtd Lumber 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frederick Behrens Amelia 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. no no Mr. Hall Hammond 204 Davison Bldg. 18. 11 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., angula pectory and heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE 1925 to Nov. 7, 195 Ahat I last saw the 22. I hereby certify that I attended the deceased from\_ deceased alive on Nar 6 , 1950, and that death occurred at 3 P. m., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED E. Eagur S 24A. BURIAL, CREMA-248, DATE 24C. NAME OF CEMETERY OR CREMATORY 24O. LOCATION (City, town, or county) ION, REMOVAL (Specify) 11/10/50 Lorraine Com. Mausoleum Woodlawn, Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25/FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150

1080 A . 100 THE PERSON AND LE 

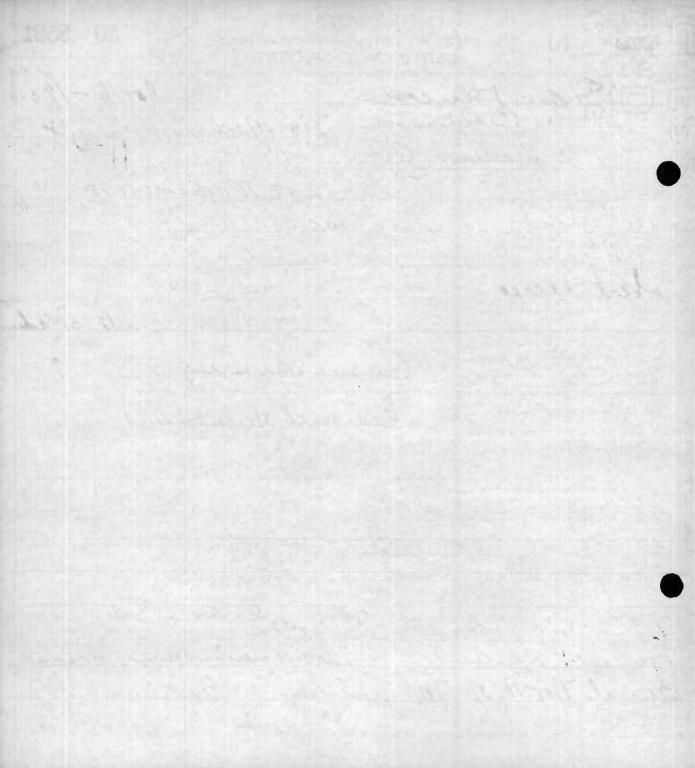
VS 150

# MAMIE HENSON

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	50	9591	
Registered	No		

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Would Deuson	2. DATE MAY 6 - 1950 DEATH MAY 6 - 1950
3. PLACE OF DEATH: A. Baltimore Cityl Maryland Balting	4. USUAL RESIDENCE (Where deceased lived. If institution: feeldence
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN Alf outside corporate limit, weit WURAL and give
1213 fladeron Gee.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Days	12/3 Madison are
enale Colored 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	Lec 30 1896 53 54 Il Under 1 Year Hours Min.
OA. USUAL OCCUPATION (Give kind of OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13 FATHE S NAME	14. MOTHER'S MAIDEN NAME
Nobert acree	Marrie acree
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	TO VY Naria dange 12/3 Made
18. 33/X , CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	7/4
(This does not mean the mode of dving, e.g.,	ue venering
ANTECEDENT CAUSES	til Hyperlension
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	www.
UNDERLYING CONDITION LAST.	P.
(C)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT,	
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20, AUTOPSY?
21a. ACCIDENT. SUICIDE, HOMICIDE (Specify)  21b. PLACE OF INJURY (e.g., in about home, farm, factory, street, office bldg., e	
p. TIME (Month) (Day) (Year) (Hour)   21E, INJURY OCCURRI	ED 21F. HOW DID INJURY OCCUR?
INJURY WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from A	vember 1, 1950, to Nov 6, 1950, that I last saw the
	rred at ## m., from the causes and on the date stated above.
mereau & Dulian M.D.	1201 havin live 11-8-50
244. BURIAL, CREMA: 248. DATE 24C, NAME OF CEMATE	1 B. At m/
DATÉ RECEIVED BY   RÉGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS ADDRESS
LOCAL REGISTRAR	1/4 Brooks 146371 (201)



656

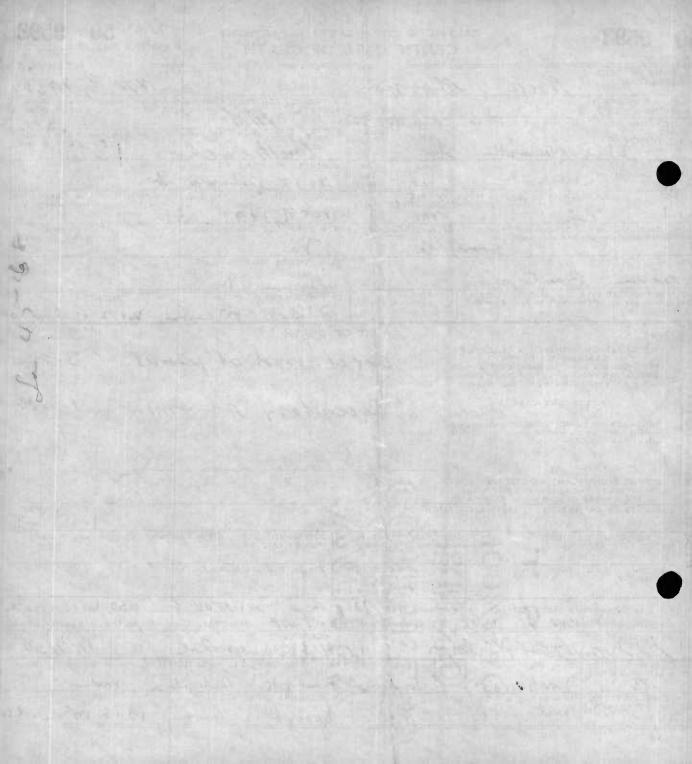
## BALTIMORE CITY HEALTH DEPARTMENT

50 9592 gistered No.

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE ma MATMET DEATH // DI 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RVRAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. Bulasta agth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In year) WIDOWED, DIVORCED (Specify) last birthday) | Months | Days | Hours | Min. 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME THER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. SARMED FORCES? 16. SOCIAL ADDRESS Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Secondary DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20 AUTOPSY? 19A. DATE OF OPERATION YES 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) 21c. WHERE DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED , 19.50, to Wov. 6 , 1950, that I last saw the 22. I hereby certify that I attended the deceased from Aug. 2 deceased alive on Not. 6 1950, and that death occurred at Laf. m., from the causes and on the date stated above. 23c. DATE SIGNED 23A SIGNATURE M. D. 24c. NAME OF CEMETERY 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) nov 11,1950 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE

VS 150

8486



5	2	MED.	EXA	IM, CF	ase Released	to HOSP.	TO B	E APPRO	VED,
В	9593 RTH NO.				TIMORE CITY HE			Registered N	0 9593
1. (T	NAME OF DECEASED MARGARET ROBINSON 2. DATE OF DEATH NOV 7, 1950								
Α.		EATH: City, Maryla	ind [	).O.A	19CC, ROOM	4. USUAL RESIDE A. STATE	NCE (Where		nstitution: residence before admission
H	FULL NAME OSPITAL OR STITUTION	OF (If not	in bospit:	al or instituti	ion, give street address or SEUSTILL location)	C. CITY OR TOWN	(If outs	ide corpora e l'imis	, write RURAL and give township
1					Yrs.	D. STREET ADDRESS (If rural, give location)			
		tay in Balti:			Mos. Days	205 N.			
F	EMALE	COLORE	D	WIDOW	E, MARRIED, PED, DIVORCED (Specify) PRIED	2-12-12			Under 1 Year If Under 24 Hours  This Days Hours Min.
worl	dose furing most	CUPATION (G		OUS	OF BUSINESS OR	11. BIRTHPLACE (S	tate or foreign	n country)	WHAT COUNTRY
13	ATHER'S I	Tur	ne			14. MOTHER'S MAI	LY NAME		
(15)	WAS DECEAS	ED EVER IN U. (If yes, give w	S. ARMED	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ANIS F	UPKINS EUSPAL	ORESS
	18. 33	14			CAUSE	OF DEATH			INTERVAL BETWEEN
	(This does	SE OR CONE LEADING T s not mean the are, asthenia, et complication	o DEA mode o c. It mea	TH of dying, e. s ns the diseas	e,	bral be	mon	haze a	
		ANTECEDEN			The	mhois			
RTIFICATION	RISE TD 1	S OR CONDIT THE ABOVE CA YING CONDI	USE (A)	STATING TH		5.6	CERTI	FICATION APPI	R. Davis
CERTIF	TRIBUTIN	SIGNIFICANT G TD THE DEAD DISEASE DR CO	CONDI	NOT RELATE	.D	·····		OR ASST. MEDICAL	EXAMINER.
		OF OPERATIO			FINDINGS OF OPER	ATION			20. AUTOPSY2
EDICAL	21A. ACCIDE HOMICIDE	(Specify)			CE OF INJURY (e. g., in arm, factory, street, office bidg., e			Baltimore City, g	ive exact location)
2	ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT WORK AT WORK								
	22. I hereb	y certify the	at I att		deceased from	red at 300 am	, to	, 19	, that I last saw th
	deeeased a			_, 19,	and that death occur	red at 3 om.,	from the e	auses and on th	e date stated above
	23A, SIGNO	Aud a A	-	.7110	elske M.D.	38. ADDRESS	GALTINO.	EVOTILL	11-7-57
2. TH	AA BURIAL,	CREMA- Specify)	DATE	100	24C NAME OF CEMETE			TION (City, town,	or county) (State)
DL	ATE RECEIVE DCAL REGIST	DAD		S SIGNATU	IRE ,	25. FUNERAL DIRI	ECTOR	512	ADDRESS
TA	VS 150	DU I	(34)	. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		- and N	1	20 0000	00000
1					7208	A			083a

SE ASSENTANTIAL MICHAEL SIN 

5	12	
0.	9594	
BIRT	H NO.	
	AME OF DE	

VS 150

9594

BALTIMORE CITY HEALTH DEPARTMENT Registered No\_ CERTIFICATE OF DEATH 2. DATE OF ANNA HEIMBACH DEATH S. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) If outside corporate limits, waite RERA and give township) Yrs. TREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 9. AGE (In years of Under 1 Year of Under 24 Hours last birthday) Months Days Hours Min. 7. SINGLE MARRIED WIDOWED DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekindof) 10B, KIND OF BUSINESS OR 11. BURTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHATCOUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES: Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or nnknown) SECURITY NO DEATH CAUSE OF ONSET AND DEATH E OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICAL 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE AT WORK WORK 22. I hereby certify that I attended the deceased from. . 19\_ \_, that I last saw the deceased alive on // and that death occurred at. Em., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 23B. ADDRESS BURIAL, CREMA-24B. DATE 24C NAME OF CEMETERY OR CREMATOR 24D. LOCATION (City, town, or county TION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

If presite, please et it a more definite and men location of the me has tumn no data ascernable For query answer, Ace Donument File 50-9594 11-15-50 80 College The Sand State of the King Mangle BA A S

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 9595

1. NAME OF DECEASED 2. DATE George Harr Nov. 7. 1950 (Type or Print) DEATH S. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospitals location) C. CITY OR TOWN (If outside corp rate limits, write RURAL and give INSTITUTION 4940 Eastern Avenue township) Baltimore D. STREET ADDRESS (If rural, give location) Life Mos. 1425 Gusrvan Street c. Length of stay in Baltimore Davs 6. COLOR OR RACE | 7. SINGLE, MARRIED 5 SEX 8. DATE OF BIRTH 9. AGE (In years last bigthday) Months Days Hours Min. WARD DIVORCED (Specify) Male Oct. 10. 1885 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? RUN MOLDER Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME (D) 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or deten of service) 16. SOCIAL Pecords-B 4940 Eastern Ave. SECURITY NO. C Hospitals INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cerebral Vascular Accident 2 weeks (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Static Pneumonia ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Hypertension Unknown OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY MEDICAL YES X 21A, ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED 22. I hereby certify that I attended the deceased from 11-2 . 1950, to 11-7, 1950, that I last saw the deceased alive on 11-7 , and that death occurred at 1:10 PM., from the causes and on the date stated above. 23A. SIGNATURE 23B, ADDRESS 23c. DATE SIGNED 4940 Eastern Avenue 11-8-50 24A. BURIAL, CREMA-TION, REMOVAL (Specify) BURIAL 24c. NAME of CEMETERY OR CREMATORY | 24p. LOCATION (City, town, or county) Oak Lawn Bal timore Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR NAV9-195 403 S. Wolfe Street VS 150 561 3A

0830

Eight Cond (7-48E) the shirt of the shirt of the shirt of

### BALTIMORE CITY HEALTH DEPARTMENT

50 9596

Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Victor E. Neuschaefer 11-9-50 DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution; residence 3. PLACE OF DEATH: Baltimore A. Baltimore City, Maryland A. STATE B. COUNTY before admission) E. FULL NAME OF (If not in hospital or institution, give street address or C. CITY OR TOWN (If outside corporate limi wite RURAL and give INSTITUTION 3508 E. Fairmount Avenue D. STREET ADDRESS (If rural, give location) Mos. 3508 E. Fairmount Ave c. Length of stay in Baltimore Davs 9. AGE (In years li Under I Year li Under 24 Hours Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 11-16-88 Widowed 10A. USUAL OCCUPATION (Give kind of ) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY work done during most of working life, even if retired) WHAT GOUNTRY Baltimore Steamfitter CONIT 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Catherine Julius Neuschaefer 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) | (If yes, give war or dates of service) SECURITY NO. 3508 Fairmount Ave Rita Warwick INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CEMEBRAL HEMBARHALE This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ARTERIOUELEQUOIL, LENERALIZED DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) PULMENARY AGMORAHAFF 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A, DATE OF OPERATION 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21c. WHERE DID INJURY OCCUR? HOMICIDE (Specify) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) INJURY 1950 to 9NOU 1950 that I last saw the 22. I hereby certify that I attended the deceased from\_ 19 and that death occurred at 140 Am., from the causes and on the date stated above. deceased alive on Sho 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 121 J. HILHEAND 24c. NAME OF CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) 24A. BURIAL CREMA-TION, REMOVA! (Specify) Holy Redeemer Baltimore Md. 11-11-50 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 403 S. WOlfe Stree LOCAL REGISTRAR

4/ () 093d

161 1 William T. Hally St. Shire I. Latery on a Avenue . St. , Praydort oya Jamesahir Madila 11-15-113 - A DOMESTIC WATER TO SEE STATE 

200	
50 959	7
BIRTH NO.	
1. NAME OF D (Type or Print)	EC
3. PLACE OF D	
B. FULL NAME HOSPITAL OR INSTITUTION	OF

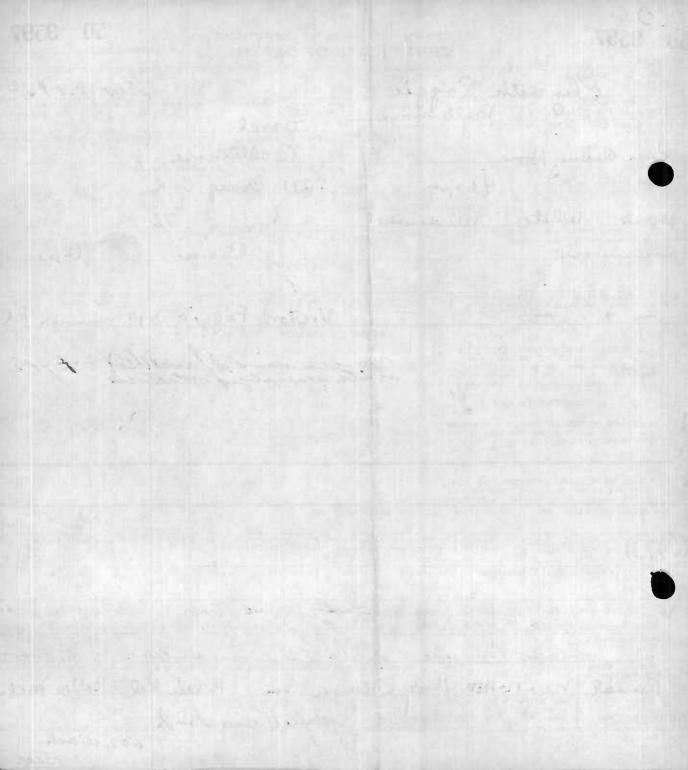
# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	50	9597
Registered	No.	

2. DATE OF DEATH NOV 8.1950

4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission)

B. FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR	loontion \	mal		10
INSTITUTION	c. CIT	Y OR TOWN (II	outside corporate limit	s, write RUKAL and give township)
Time Kesley Home	Yrs. D. STE	REET ADDRESS (If	rural, give location)	
of ath of stay in Politimans	Mos.	LEET ADDRESS (II	rutat, give location)	
c. heigth of stay in Baltimore 46 46 5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED	Days   3 6	E OF BIRTH	9. AGE (in years)	Under 1 Year   If Under 24 Hours
WIDOWED, DIVOR	CED (Specify)	1	last birthday) Mo	nths Days Hours Min.
10. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSIN	e cl	RTHPLACE (State or f	/3	12. CITIZEN OF
ork done during most of working life, even if retired)	INDUSTRY	O	oreign country)	WHAT COUNTRY
13. FATHER'S NAME	14 146	Ces	m.	U.S.
2	14. MC	THER'S MAIDEN N	AME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIA				
Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIA	RITY NO. 17, INI	FORMANT	A	DDRESS
	VIC	ctor. rog	918 519	names Kd
18. 170X	CAUSE OF DE	ATH	0	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY			1 110	01
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	Carces	oma of	breast (186)	14 4RS
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	with ge	neralyes	metastacis	
ANTECEDENT CAUSES		0		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		*****************************	********************	******
UNDERLYING CONDITION LAST.				
(6)	***************************************	***************************************	***************************************	******
11				
OTHER SIGNIFICANT CONDITIONS CON-				
TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. MAJOR FINDINGS	OF OPERATION			20. AUTOPSY?
	104		Is to Dutte Ct	YES NO
21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING about home, farm, factory, str		JURY OCCUR?	If in Baltimore City, a	give exact location)
CAUSE OF DEATH				
NJURY		HOW DID INJUR	Y OCCUR?	
m. WHILE AT WORK	NOT WHILE			
22. I hereby certify that I attended the deceased	rom Jecker	, 1946, to 7	av. 8 1950	that I last saw the
deceased alive on 200, 7, 1950, and that a	eath occurred at_	1 Am., from t		he date stated above
23A. SIGNATURE	23B. ADD			23c. DATE SIGNED
Loyd C. Saylor	M.D. 3902	Greenn	sunt dus.	200. 9, 1950
24a. BURIAL, CREMA- 24B DATE 24C. NAME TION, REMOVAL (Specify)	OF CEMETERY OR C	REMATORY 24D. L	OCATION (City, town,	or county) (State)
Burge non- 12-1950 Cole	Redonne	Care 18	Pair RO	Bolton med
DATE RECEIVED BY   REGISTRAR'S SIGNATURE	26. FU	NERAL DIRECTOR	-	ADDRESS
OVO 1050 thullington Milants	La Long	W. Kenny	Man De	
01/ 3 - 13100	77	me   Laure	no ox	. 1 0
VS 150	. (		602	, Wash.
	20 FA	6	50.0	Been



9598 CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) OF November 9 HROMCHO JOSEPH US MU 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Pennsylvania B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION South Baltimore General Hospital Philadelphia D. STREET ADDRESS (If rural, give location) igth of stay in Baltimore 1822 S. Taylor Street Days 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years I Under 1 Year last birthday) Months Days Hours Min. 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Sept. 7. 1929 male white 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Philadelphia, Pa. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME G re Hromeno Lary Podlesny 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. U.S.14.C. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND OFATH SE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Multiple fractures of skull. ribs. heart failure, astbenia, etc. It means the disease, and extremities injury or complication which caused death.) OUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS Old Light Street 100' north of Furnac about home, farm, factory, street, office bldg., etc.) UNDERLYING I OR CONTRIB. UTING [] CAUSE OF DEATH. north of Furnace road 2 IF HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WHILE November 9, 1950 4.05m. Auto ran into culvert (passenger) 22. I certify that I took charge of the remains described above, held an inquiry & inspection thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy. Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ , accident [ ], suicide [ ], homicide [ ], undetermined [ ]. 23B. CHIEF MEDICAL, EXAMINER ..... \$\ \ \ 23c. DATE SIGNED 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR ..... 24C, NAME OF CEMETERY OR CREMATORY | 240. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248, DATE 1100.11,1950 YEMOUAL DATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR V S 151 N804.2 5959

## BALTIMORE CITY HEALTH DEPARTMENT

50 9599

IRTH NO.		•	CERTIF	ICATE	OF DEATH	Registered 1	No.	
. NAME OF DEC Type or Print)	ANNE	WINC	HESTER	WHITE	MYERS	OF NOVEM	ber 8,	1950
. PLACE OF DEA . Baltimore Cit . FULL NAME OF	y, Maryland	al or institutio	n give street	address or	4. USUAL RESIDENCE ( A. STATE Maryland	Where deceased lived, If B. COUNTY		residence re admission
OSPITAL OR NSTITUTION	Maryland G			location)		f outside corporate limi	ts, write RU	R.L. and giv township
	y in Baltimore	L	ife	Yrs. Mos. Days	o. street address (III			
emale	COLOR OR RACE White	WIDOWE	MARRIED, ED, DIVORCE Married	D (Specify)	8. DATE OF BIRTH Sept. 19, 1912	9. AGE (In years last birthday) Mo	ff Under 1 Year onths: Days	If Under 24 Hours Hours Min.
DA. USUAL OCCI	JPATION (Give kind of orking life, even if retired)  fe		OF BUSINES	S OR IDUSTRY	Baltimore, Man		12. CITIZE WHAT	EN OF COUNTRY
	hester Whit				14. MOTHER'S MAIDEN N Rebecca Norris			
5. WAS DECEASED	EVER IN U.S. ARMED (If yes, give war or date	FORCES?	16. SOCIAL SECURIT	TY NO.	17. INFORMANT W. Winchester		ame	
(This does n heart failure, injury or co	DR CONDITION LEADING TO DEA' ot mean the mode of asthenia, etc. It mest omplication which of the complication which of the complex of the condition of the death, but the condition of the death, but the condition of the death, but	TH  of dying, e.g.,  ns the disease caused death.  ses  f ANY, GIVING STATING THI  ST.  TIONS CON-	(B)	ultip.	le fractures and			
	ASE OR CONDITION	CAUSING IT		OF OPER	ATION		20. A	UTOPSY?
21b. TIME (Mose INJURY rember & 22. I certify the evide and death 23a. SIGNATURA 4a. BURIAL, CRE	OR CONTRIB- USE OF DEATH.  Onth) (Day) (Year)  3, 1950 1:4  that I took char  nce obtained by  h in my opinion  RE  MA-  24B. DATE	(Hour) 2 William ge of the resulted fr	emains des psy, Inspect om: natura	office bldg., etc.  CCURRENOT WHILE SAT WORK  cribed as ion or Incl. causes  M.	29th St. Brid 29th St. Brid 21f. HOW DID INJUR Jumped from bove, held an Insp. Autopsy, 1quiry, find that said d 1, accident suicide 238. CHIEF MEDICAL ASSISTANT MEDICAL ASSISTANT MEDICAL D. MEDICAL INVESTIGAT	bridge into s & Inquiry Inspection or Inquiry leceased died on the Management of the	shallow thereon he day sto undetermin BC. DATE SI 11-9-4	stream cand from ated above ned [].
ON, REMOVAL (Special ATE RECEIVED I	_ wow 10	-1960	Green			Balto		md

V S 151 N829.0

DATE RECEIVED BY LOCAL REGISTRAR

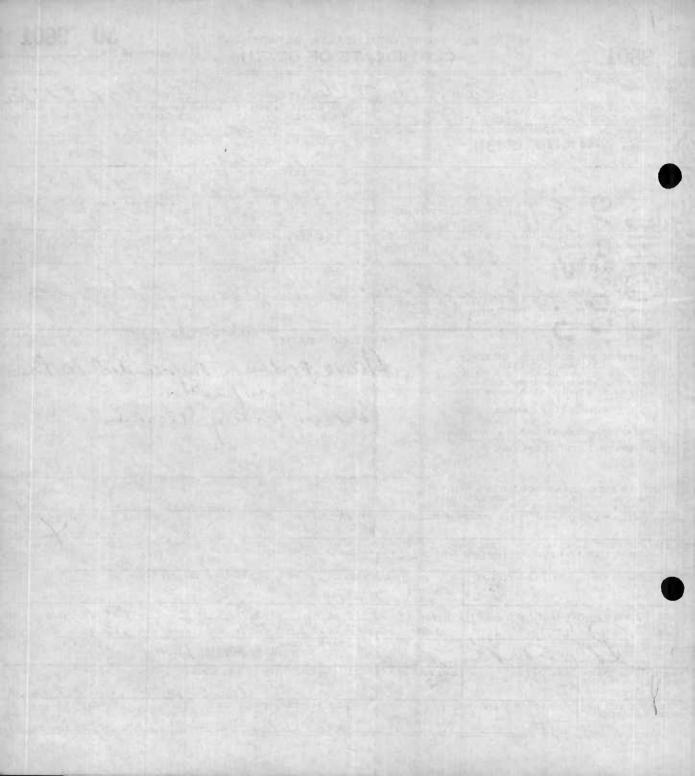
MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH KAVAITAGH 1. NAME OF DECEASED 2. DATE. (Type or Print) OF avanag DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution percsidence A. Baltimore City, Maryland B. COUNTY A. STATE B. FULL NAME OF (If not in hospital or institution, give street andress or HOSPITAL OR location) deperate limits, write RURAL and give C. CITY OR TOWN INSTITUTION (township) Yrs. (If rural, give location) Mos. c. Length of stay in Baltimore e 137 6 15 Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years) Il Under 1 Year If Under 24 Hours WIDOWED DWORCED (Specify) last birthday) Months; Days Hours; Min. 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S MAME WAS DECEASED EVER IN U, S. ARMED FORCES? SOCIAL o or unknown) LIRITY NO 15498 18. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY Agreemons well Carcinomia YES V 21c. WHERE BID 218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.) (If in Baltimore City, give exact location) 214. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE , 19 50/to Zer 7 , 1950, that I last saw the 22. I hereby certify that I attended the deceased from how 7 deceased alive on 10 7, 1950, and that death occurred at 450 m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED Moonwas 1 dallinger L 24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY mos/0-1950 Bureal new lathe DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR houters, or, Wilaila, M. VS 150

and de an every distributed in Beltomer -14 days + 2 14 14 14 Deskins In the Contract 4,1 hope the state of 2.2.6 ...

Q		HEALTH DEPARTMENT X Registered No.	9601
	NAME OF DECEASED Venda Hus	rphrey 2. DATE OF DEATH 200.	Y. 8,1950
A.	PLACE OF DEATH: Baltimore City, Maryland Med. Mbg /	A. USUAL RESIDENCE (Where deceased lived, If inst	titution: residence before admission)
B. HO IN	FULL NAME OF (If not in hospital or institution, give street address SPITAL OR Incatio STITUTION (IT NOTES TO STITUTION)		rite RURAL and give township)
	Yrs Mos	13 70 5 16/2	T.Co
	Length of stay in Baltimore Day  SEX 6. COLOR OR RACE 7, SINGLE, MARRIED, WIDOWED, DIVORCED (Special Control of the Color	8. DATE OF BIRTH 9. AGE (In years It Unde	ei l Year   H Under 24 Hours s; Days   Hours; Min.
10	Male While marries.	11-25-1898 51	CITIZEN OF
	done during most of working life, even if retired)  July File Prop. Co.		WHAT COUNTRY?
13	FATHER'S NAMEBROKER	14. MOTHER'S MAIDEN NAME	00
	. WAS DECEASED EVER IN U. S. ARMED FORCES?  (If yee, give war or dates of service)  SECURITY NO	17. INFORMANT ADD	RESS
(10	(If yes, give war or dates of service)  / SECURITY NO	BMSN BODDE	INTERVAL BETWEEN
CATION	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	inte poderio myrandid lufaction ronary artery Scleros	10 Krs.
RTIFIC			
CER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
7	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OP	ERATION	20. AUTOPSY?
IEDICA	21a. ACCIDENT. SUICIDE. HOMICIDE (Specify)  21b. PLACE OF INJURY (e. g about home, farm, factory, street, office bld	e, in or 21c. WHERE DID (If in Baltimore City, give INJURY OCCUR?	exact Meation)
M	*ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUP FINJURY m. WHILE AT NOT WHI MORK AT WORK	LE	
	22. I hereby certify that I attended the deceased from	1-8-,1950to 11-8-,1950t	
	deceased alive on, 19, and that death occ		date stated above. 23c. DATE SIGNED
	ON, REMOVAL (Specify)	TERY OR CREMATORY 24D. LOCATION (City, town, or	county) (State)
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	23. FUNERAL DIRECTOR	DDRESS

450 93 094a VS 150



#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

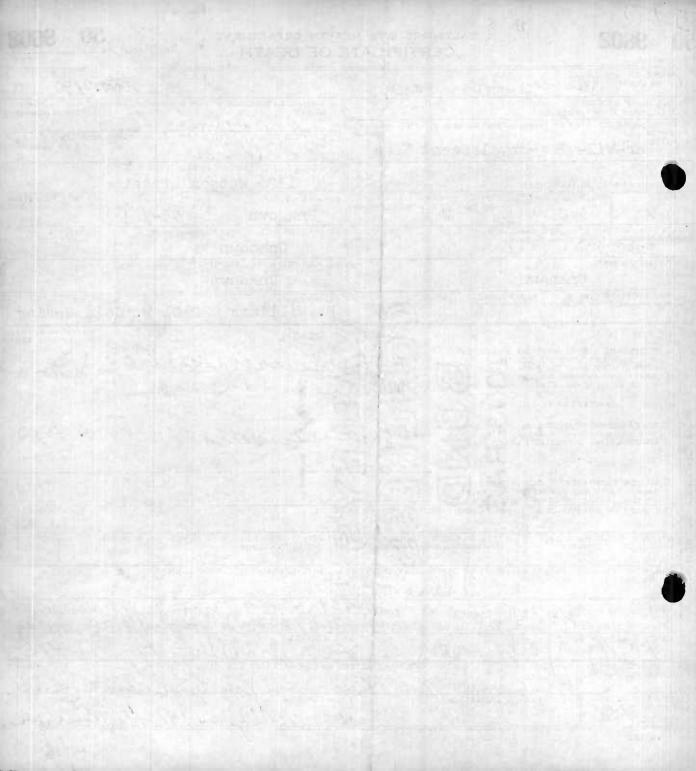
9602

Registered No 1. NAME OF DECEASED 2. DATE (Type or Print) and OF Nov. 7/50 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RIMAL and give INSTITUTION Ba Convalescent Home D. STREET ADDRESS (If rural, give location) Mos. 1126 Watson Street ngth of stay in Baltimore Days 9. AGE (In years of Under I Year last birthday) Months Days Hours Min. 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE Unknown 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired INDUSTRY WHAT COUNTRY Laborer Unknown 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. 2101 W. Cold Spring E. Williams INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY NO 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WHILE AT WORK that I last saw the 22. I hereby certify that I attended the deceased from deceased alive on 3, 19, and that death 730 m. from the youngs and on the late stated above. and that death occurred at. 23A. BUSNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B DATE LOCATION (City, Jown, or county) City Maryl Maske DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR

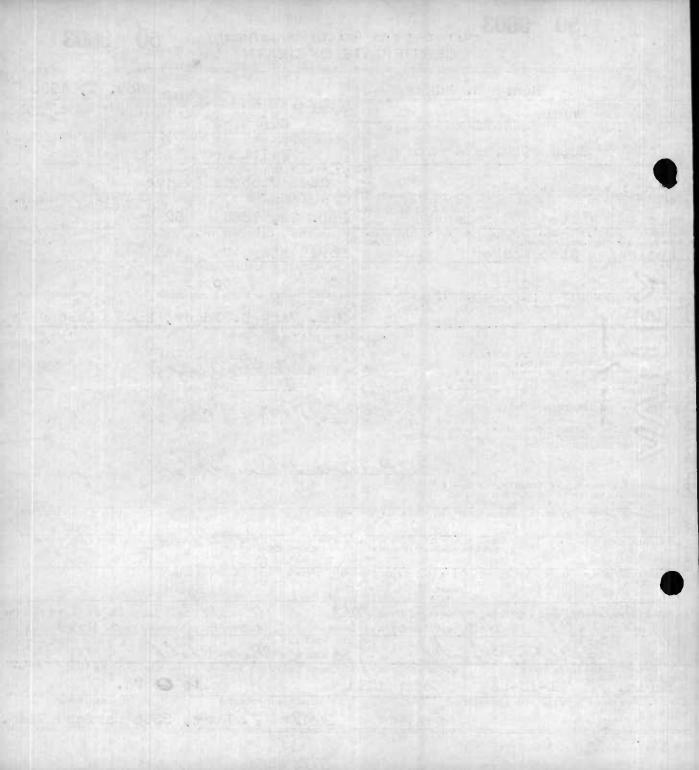
VS 150

EDICAL

Σ



B. FULL NAME OF HOSPITAL OR INSTITUTION 2605 Gibbons Avenue    C. Length of stay in Baltimore   S. SEX   6. COLOR OR RACE   7. SINGLE. MARRIED.   WIDOWED, DIVORCED (Specify)   Mary land   Steelworker   Steelworke	RURAL and give township)  RI Under 24 Hours ays Hours Min.  TIZEN OF HAT COUNTRY?
I. NAME OF DECEASED (Type or Print)  Henry H. Edgar  3. PLACE OF DEATH: A. Baltimere City, Maryland B. FULL NAME OF HOSPITAL OR INSTITUTION  2005 Gibbons Avenue  Yrs. Mos. Days  6. COLOR OR RACE  Maryland  7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Maryland  Maryland  C. Length of stay in Baltimore  5. SEX  6. COLOR OR RACE  WIDOWED, DIVORCED (Specify) Maryland  Maryland  C. CITY OR TOWN (If outside corporate limits, write in the stay in Baltimore)  D. STREET ADDRESS (If rural, give location)  2605 Gibbons Avenue  8. Date of Birth Feb. 29, 1868  82  10. Birth Nov. 7, DEATH Nov.	RURAL and give township)  RI Under 24 Hours ays Hours Min.  TIZEN OF HAT COUNTRY?
Type or Print)  Henry H. Edgar  3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF HOSPITAL OR INSTITUTION  2605 Gibbons Avenue  Yrs. Mos. Days  C. Length of stay in Baltimore  Mary land  C. CITY OR TOWN (If outside corporate limits, write In Baltimore)  D. STREET ADDRESS (If rural, give location)  C. Length of stay in Baltimore  S. SEX  G. COLOR OR RACE  Mos. Days  D. STREET ADDRESS (If rural, give location)  C. Days  D. STREET ADDRESS (If rural, give location)  C. STREET ADDRESS (If rural, give lo	RURAL and give township)  RI Under 24 Hours ays Hours Min.  TIZEN OF HAT COUNTRY?
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION  2005 Gibbons Avenue  Yrs. Dos. Days  6. COLOR OR RACE Wildowsp. DIVORCED (Specify) Retired Steelworker  10. STREET ADDRESS (If rural, give location) Wildowsp. DIVORCED (Specify) Retired Steelworker  10. STREET ADDRESS (If rural, give location) Peb. 29, 1868  8. DATE OF BIRTH Peb. 29, 1868  11. BIRTHPLACE (State or foreign country) Dorchester, Maryland  12. CIT WHAT DIVORCED (Specify) Retired Steelworker  13. FATHER'S NAME  Ped. 29, 1868  14. USUAL RESIDENCE (Where deceased lived. If institution, strength of stay in hospital or institution, give street address or location) B. COUNTY Maryland C. CITY OR TOWN (If outside corporate limits, write in the stay in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write in the stay in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write in the stay in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write in the stay in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write in the stay in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write in the stay in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write in the stay in hospital or institution, give in stay in hospital or institution, give in the stay in hospital or institution, give in the stay in hospital or institution, give in hospital or i	RURAL and give township)  RI Under 24 Hours ays Hours Min.  TIZEN OF HAT COUNTRY?
B. FULL NAME OF HOSPITAL OR INSTITUTION 2605 Gibbons Avenue 2605 Gibbons Avenue Baltimore  Tyrs. Mos. Days 2605 Gibbons Avenue Baltimore  S. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify) married 29, 1868 82  10A. USUAL OCCUPATION (Givekiodol rock done during most of working life, even if retired) Retired Steelworker  13. FATHER'S NAME  7. Lagar 14. Mother's Maiden NAME  7. Lagar 15. WAS DECEASED TARRING A MARKED NAME  8. DATE OF BIRTH 9. AGE (In year) lagt birthday) Months: Day Months:	RURAL and give township)  Rel   II Under 24 Hours ays Hours Min.  TIZEN OF HAT COUNTRY?
2605 Gibbons Avenue  Baltimore  Yrs.  Mos.  Days  C. Hength of stay in Baltimore  S. SEX  6. COLOR OR RACE  Widowed, Divorced (Specify)  Married  White  10A. USUAL OCCUPATION (Givekiddol ror done during most of working life, evenif retired)  Retired  Steelworker  13. FATHER'S NAME  ?  Lagar  Baltimore  D. STREET ADDRESS (If rural, give location)  2605 Gibbons Avenue  Baltimore  D. STREET ADDRESS (If rural, give location)  Peb. 29, 1868  B. DATE OF BIRTH  Feb. 29, 1868  11. BIRTHPLACE (State or foreign country)  Dorchester, Maryland  14. MOTHER'S MAIDEN NAME  Phopper	township)  Bill II Under 24 Hours Bays Hours Min.  TIZEN OF HAT COUNTRY?
c. Length of stay in Baltimore    Yrs.   D. STREET ADDRESS (If rural, give location)   2605 Gibbons Avenue   2	Hours Min. TIZEN OF HAT COUNTRY?
c. Length of stay in Baltimore  S. SEX  6. COLOR OR RACE  7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify) Married  8. DATE OF BIRTH  9. AGE (In year) last birtinday) Months: Da  82  10A. USUAL OCCUPATION (Givekiodof redired) Retired  Steelworker  10B. KIND OF BUSINESS OR INDUSTRY Retired  Steelworker  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED THE IN It STATES AND IN INC. ADDRESS OR INC. ADDR	ays Hours Min. TIZEN OF HAT COUNTRY?
male white married Feb. 29, 1868 82 Months Da 10A. USUAL OCCUPATION (Givekiodof or vork done during most of working life, even if retired) Retired Steelworker Dorchester, Maryland 13. FATHER'S NAME  ? Edgar 14. MOTHER'S MAIDEN NAME ? Hopper	ays Hours Min. TIZEN OF HAT COUNTRY?
10A. USUAL OCCUPATION (Givekiodof lob. KIND OF BUSINESS OR INDUSTRY Retired Steelworker Dorchester, Maryland 13. FATHER'S NAME  ? Edgar 14. MOTHER'S MAIDEN NAME ? Hopper	TIZEN OF HAT COUNTRY?
Retired Steelworker  13. FATHER'S NAME  ? Edgar  15. WAS DECEASED SWEED IN It & ADMITS EDGES IN It & SOUTH A STATE IN IT & SOUTH A S	HAT COUNTRY?
Retired Steelworker  Dorchester, Maryland  13. FATHER'S NAME  Plagar  Hopper	
13. FATHER'S NAME ? Edgar ? Hopper	C
15 WAS DECEASED EVED IN U.S. ADVED CODESS. LAG. COOK	c
15 WAS DECEASED EVER IN U.S. ADMED FORCES LIC COCCAL	c
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	3
Mrs. Mary E. Edgar, 2605 Gib	bons Ave
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	SET AND DEATH
injury or complication which caused death.) DUE TO  ANTECEDENT CAUSES	7
DISEASES OR CONDITIONS, IF ANY, GIVING	6
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(c) Arterio delevoros	
OTHER SIGNIFICANT CONDITIONS CON- HI TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	O. AUTOPSY?
YE	ES NO
21A. ACCIDENT. SUICIDE.  HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  NUMBER OF City, give exact INJURY OCCUR?	et location)
D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?	
m. WORK NOT WHILE	
22. I hereby certify that I attended the deceased from 10/8, to 11/7, 195 Qthat	I last saw the
deceased alive on 11/7 , 1950, and that death occurred at m., from the causes and on the date	
23A. SIGNATURE 23B. ADDRESS 23C.	DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE   24A. MAME OF CEMETERY OR CREMATORY   24D. LOCATION (City, town, or count	ity (State)
TION REMOVAL (Specify) Burial Balto Md.	(2000)
DATE RECEIVED BY REGISTRAR'S SIGNATURE   25. FUNERAL DIRECTOR ADDRI	RESS
Local REGISTRAR Lound on Mulanis, AL Leonard J. Ruck, 5305 Harfo	
MB/150 - 199	1



ES-143132 BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Edward R. Kinstler 11-7-50 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Baltimore City Hospitals (Chase Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. Earle Beach Rd. c. Length of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 24 Hours WIDOWED DIVORCED (Specify) last hirthday) Months: Days Hours Min. Male White July 3, 1880 10A JUAL OCCUPATION (Give kind of corporations define most of working life, even a feet red) 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF INDUSTR WHAT COUNTRY Maryland 14. MOTHER'S MAIDEN NAME Richard Kinstler 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS 4940 SECURITY NO. Records\* Balto. City Hospitals Eastern Ave NTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Hypertensive Cardiovascular Disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES 3 Daws CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19a. DATE OF OPERATION 19B. MAJOR FINDINGS 20. AUTOPSY MEDICAL

21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location)

5305

21F. HOW DID INJURY OCCUR?

ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT

19 50

about home, farm, factory, street, office bldg., etc.)

NOT WHILE

AT WORK

22. I hereby certify that I attended the deceased from.

Dand that death occurred at 10:15mP from the causes and on the date stated above.

23B. ADDRESS 4940 Eastern Avenue

25. FUNERAL DIRECTOR

INJURY OCCUR?

23c. DATE SIGNED

1950 that I last saw the

24A. BURIAL, CREMA-TION REMOVAL (Specify) 24B, DATE

LOCAL REGISTRAR

DATE RECEIVED BY

VS 150

21A. ACCIDENT, SUICIDE,

deceased alive on 23A. SIGNATURE

HOMICIDE

REGISTRAR'S SIGNATURE handing vite wilding

ADDRESS

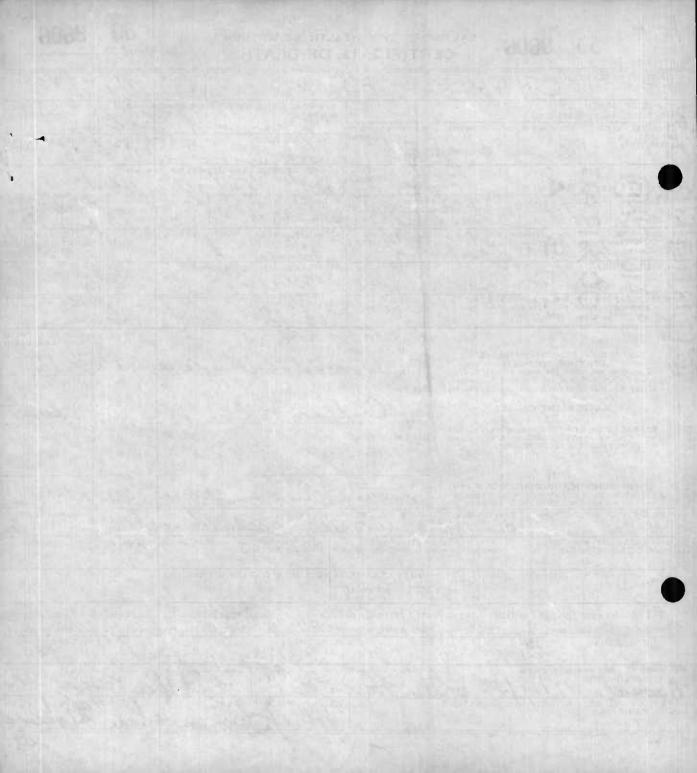
Dee Donnert Frie 50 -9604 11-17-50

-620 BALTIMORE CITY HEALTH DEPARTMENT Registered No 9605 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) CLYDE DEATH NOV. 8, 1950 FRech 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) A STATE (If not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR location) c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 3218 Cliftmont St. township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 3218 Cliftmont St. Arc. ngth of stay in Baltimore Days 9. AGE (In years | If Under 1 Year | If Under 24 Hours | Months Days | Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Male White SINGLE 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY ork done during most of working life, even if retired) INDUSTRY Child 13. FATHER'S NAME euTh OUSION 15. WAS DEC ASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS 17. INFORMANT (Yes, no or unknown) SECURITY NO. CHITMONI INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A) Septicemia due to acute otitis media heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION YES X EDICAL (If in Baltimore City, give exact location) 21c. WHERE DID 218. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING [] OR CONTRIB. UTING | CAUSE OF DEATH. 21F, HOW DID INJURY OCCUR? 21E. INJURY OCCURRED \_21D. TIME (Month) (Day) (Year) (Hour) INJURY WHILE AT WORK AT WORK Autopsy 22. I certify that I took charge of the remains described above, held an . thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X accident , suicide , homicide , undetermined . 23c. DATE SIGNED 238, CHIEF MEDICAL EXAMINER.... 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER....
MEDICAL INVESTIGATOR ..... Alankan 24A. BURIAL, CREMA-Y 24B. DATE 24D. LOCATION (City, town, or county 24C. NAME OF DEMETERY OR CREMATORY ADDRESS 25. FUNERAD DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR V S 151

CERTIFICATION

SHORTH STATE VON STREET

В	F-42	0 50 9600			EALTH DEPARTMENT E OF DEATH	50 Registered No.	9606
1.	NAME OF DEC	CEASED CH	ARLI	ES FO	OLKS	2. DATE OF DEATH	8/50
A.	PLACE OF DEA Baltimore Cit	ty, Maryland			4. USUAL RESIDENCE (		titution; residence before admission)
H	FULL NAME OF OSPITAL OR ISTITUTION	Mercy	tal or institution	on, give street address or		f outside corporate limits,	wite BURA and give township)
	north of sta	y in Baltimore	0-	Lile Yrs.	o. STREET ADDRESS (II	f pural, give location)	1.
		COLOR OF RACE	7. SINGLE.	Days MARRIED, D, DIVORCED (Specify	8. DATE OF BIRTH Dec. 26, 1893	last birthday) Month	les Days Hours Min.
		JPATION (Give kind of vorking life, even if retired)		OF BUSINESS OR	11. BIRTHPLACE (State or :		CITIZEN OF WHAT COUNTRY
13	B. FATHER'S NA	ME JPHOLS	OB		14. MOTHER'S MAIDEN N	S armst	
15 Ye	5. WAS DECEASED	EVER IN U. S. ARME (If yes, give wer or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADD	REST
	18. 420	1		CAUSE	OF DEATH		INTERVAL BETWEEN
	(This does not heart failure	OR CONDITION EADING TO DEA not mean the mode asthenia, etc. It me	TH of dying, e.g. ans the disease		oscheti Corona	y Cardio. Vase. D	· Hadit
		omplication which NTECEDENT CAU		DUE TO	diac Failus		3 days.
AHON	RISE TO THE	OR CONDITIONS, E ABOVE CAUSE (A) NG CONDITION L	STATING THE		- , same	<u> </u>	
KILLI		II GNIFICANT COND		9 +	· P + · >	11 +4	11/2/50
L C L		OPERATION		FINDINGS OF OPE	RATION	the clift	20. AUTOPSY?
A DICA	21A ACCIDEN HOMICIDE	T, SUICIDE, (Specify)		CE OF INJURY (e. g., rm, factory, street, office bldg.,		(If in Baltimore City, giv	YES NO NO PROPERTY NO NO PROPERTY NO PROPE
M	21D. TIME (M	onth) (Day) (Year	w	1E. INJURY OCCURE		RY OCCUR?	
`		certify that I at	tended the	deceased from Os and that death occu	* 4 1950 to 7	lov, 8, 1950 the causes and on the	that I last saw the
	23A. SIGNATU		Ren	es Shim, o.	238. ADDRESS	Ho-pitel	23c. DATE SIGNED
71	AA. BURIAL, CR	EMA- 24B. DATE	150 0	Les Han	en Men.	etchie A	gury (State)
L	ATE RECEIVED OCAL REGISTRA	AR	'S SIGNATU	E CHICARLA ME	FUNERAL DIRECTOR	wand for t	Rollins
1 1	VS 150		_	93 50			1172
			1				



50 9607

PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (if not in bospital or institution, give street address or focation)  1509 Laurens Street  Set of stay in Baltimore  Set of Color or RACE 7. SINGLE. MARRIED.  WIDOWED, DIVORCED (Specify)  WIDOWED, DIVORCED (Specify)  WIDOWED, DIVORCED (Specify)  July 23.1914  Set of Stay in Baltimore  Set of Color or RACE 7. SINGLE. MARRIED.  WIDOWED, DIVORCED (Specify)  WIDOWED, DIVORCED (Specify)  July 23.1914  Set of Stay in Baltimore  Set of Color or RACE 7. SINGLE. MARRIED.  WIDOWED, DIVORCED (Specify)  July 23.1914  Set of Stay in Baltimore  Set of Colored Name (Stay in Baltimore)  Set of Stay in Baltimore  Set of Colored Name (Stay in Baltimore)  Set of Stay in Baltimore  Set of Colored Name (Stay in Baltimore)  Set of Stay in Baltimore  Set of Colored Name (Stay in Baltimore)  Set of Stay in Baltimore  Set of Colored Name (Stay in Baltimore)  Set of Stay in Baltimore  Set of Colored Name (Stay in Baltimore)  Set of Stay in Baltimore  Set of Colored Name (Stay in Baltimore)  Set of Stay in Baltimore  Set of Colored Name (Stay in Baltimore)  Set of Stay in Baltimore  Set of St	IRTH NO.			CERTIFICAT	E OF DEATH	Register	ed No.
Baltimore (City, Maryland    State	NAME OF C Type or Print)	ECEASED	HELEN	TURNER	BROWN	OF NO	vember 7, 1950
C. CITY OR TOWN   (If outside corporate limits, write RURAL and git Shift Union   Street   Section   Street   Street   Section   Street   Street   Section   Street   Section   Street   Street   Section   Street   S	. Baltimore	City, Maryland			A. STATE	E (Where deceased live	
SEX   6. COLOR OR RACE   7. SINGLE. MARRIED.   8. DATE OF BIRTH   9. AGE (In years   8 links) Year   MIDWED, DIVORCED (Specify)   12. OTHER SIGNIFICANT COUDTION CAST.   10. S. A. SECURITY NO.   15. SECURITY NO.   16. SOCIAL STATING THE COUNTRY   16. SOCIAL STATING TO THE REST OF CONDITION LAST.   16. SOCIAL STATING TO THE REST OF CONDITION LAST.   17. INFORMANT   15. SECURITY NO.   17. INFORMANT   15. SECURITY NO.   15. SECURITY NO.   15. SECURITY NO.   16. SOCIAL STATING THE COUNTRY   16	FULL NAME OSPITAL OR NSTITUTION			location	C. CITY OR TOWN	(If outside corporate	
Female Colored Widoweb, DINGRED (Specify) Type 23, 1914   3st birthday) Months: Days Hours Mid 275. AUSTON (Give kinds)   10st Mid 275. 1914   3st birthday)   10st Mid 275. 1914   3st birthday)   10st Mid 275. 1914   3st birthday   10st Mid 275. 1914   1st birthday   1st birthda	igth of s	tay in Baltimore		Mos.			n)
1. BIRTHPLACE (State or foreign country)   12. CITIZEN OF Globaltymagnood workinglife, even if retired)   10. KIND OF BUSINESS OR INDUSTRY   10. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. MAY DECEASED EVER IN U. S. AND DECEASED EVE	.sex Female		WIDOV	ED, DIVORCED (Specify		last birthday	Months Days Hours Mit
Clara Turpin   Clara Turpin   Clara Turpin   Clara Turpin   S. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL   SECURITY NO.   17. INFORMANT   ADDRESS   LUCY Church   1509 Jaurens St.   W & Lucy Church   1509 Jaurens St.   Leading to Death   Cause Of Death   Chis does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease, injury or complication which caused death.   ANTECEDENT CAUSES   Bronchial asthma   Due to   ANTECEDENT CAUSES   Bronchial asthma   Due to   Complete Cause   Complete Ca	HOUSEW	of working life, even if retired)		OF BUSINESS OR	II. BIRTHPLACE (State	e or foreign country)	WHAT COUNTR
16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (If yet, give was or dates of service) (If yet, give was not give yet yet yet yet yet yet yet yet yet ye	Joseph	West					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO  OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB.  UNDERLYING OR CONTRIB.  21B. PLACE OF INJURY (e.g., in or UNING CAUSE OF DEATH.)  21C. TIME (Month) (Day) (Year) (Hour)  21C.	5. WAS DECEAS	ED EVER IN U.S. ARMED (If yes, give war or dates	FORCES? of service)			arch 1509	
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERATION   20. AUTOPSY?  YES NO   20. AUTO	(This does heart failt in jury or DISEASE RISE TO TUNDERL'	LEADING TO DEAT s not mean the mode of tre, asthenia, etc. It mean complication which of ANTECEDENT CAUS S OR CONDITIONS, 11 THE ABOVE CAUSE (A) YING CONDITION LA	F ANY, GIVII STATING TI	(B) Bronc  (C) (C)		ascular dise	ase
UNDERLYING OR CONTRIB.  UTING CAUSE OF DEATH.  210. TIME (Month) (Day) (Year) (Hour)  WHILE AT NOT WHILE AT WORK  22. I certify that I took charge of the remains described above, held an Insp. & Inquiry  the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes and death in my opinion resulted from: natural causes accident , suicide , homicide , undetermined .  23a. SIGNATURE  23b. CHIEF MEDICAL EXAMINER	TO THE D	ISEASE OR CONDITION	CAUSING I	Т	RATION		
while at work not while at work learner of the remains described above, held an Insp. & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes and death in my opinion resulted from: natural causes and death in my opinion resulted from: natural causes and death in my opinion resulted from: natural causes and death in my opinion resulted from: natural causes and death in my opinion resulted from: natural causes and death in my opinion resulted from: natural causes and death in my opinion resulted from: natural causes and death in my opinion resulted from: natural causes and death in my opinion resulted from: natural causes and death in my opinion resulted from: natural causes and death in my opinion resulted from: natural causes and death in my opinion resulted from: natural causes and death in my opinion resulted from: natural causes and death in my opinion resulted from: natural causes and death in my opinion resulted from: natural causes and death in my opinion resulted from: natural causes and death in my opinion resulted from: natural causes and death in my opinion resulted from: natural causes and death in my opinion resulted from: natural causes and death in my opinion resulted from: natural causes and death in my opinion resulted from: natural causes and death in my opinion resulted from: natural causes and death in my opinion resulted from: natural causes and death in my opinion resulted from: natural causes and death in my opinion resulted from: natural causes and death in my opinion resulted from: natural causes and death in my opinion resulted from: natural causes and death in my opinion resulted from: natural causes and death in my opinion resulted from: natural causes and death in my opinion resulted from: natural causes and death in my opinion resulted from: natural causes and death in my opinion resulted from: natural causes and death in my opinion resulted fro	UNDERLYIN	G OR CONTRIB.				(If in Baltimore Ci	ity, give exact location)
Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes , accident , suieide , homicide , undetermined .  23A. SIGNATURE  23B. CHIEF MEDICAL EXAMINER	21D. TIME INJURY	(Month) (Day) (Year)		WHILE AT NOT WHILE		JURY OCCUR?	
Stanley H. Durlacher M.D. ASSISTANT MEDICAL EXAMINER	the ev	idence obtained by	said Auto	psy, Inspection or	Autor Inquiry, find that said	psy, Inspection or Inquid deceased died or	n the day stated abov
A. BURIAL CREMA-1 24% DATE 124C NAME OF CEMETERY OF CREMATORY 1 24D 1 OCATION (City, town, or county) (State	ST	anley H.	Du	clacher	ASSISTANT MEDIC	GAL EXAMINER	11-8-50

DATE RECEIVED BY LOCAL REGISTRAR

Arbutus Mem. Park Baltimore Co., Md

URE 25. FUNERAL DIRECTOR ADDRESS

MOTIVATURE U. Herry N. Biddle St.

(Mrs) Frances A. Hemsley

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) CHKISTOPHE! RALPH DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY. before admission) B. FULL NAME OF (If not in hospital or institution, give street address or BAARYAAND WICOMICO HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION UNIVERSITY HOSPITAL -SAKISBUR) D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years | ff Under I Year | ff Under 24 Hours last birthday) | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify) SINGLE 108. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTR BOY HOTCK 110 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. 18. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., AKCINO MANTOSIS 3 110. heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE = metatises, etc DUF TO UNDERLYING CONDITION LAST. (C) ... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPS 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE! 10 - 30, 195, 90 11 - 7, 19 5, That I last saw the 22. I hereby certify that I attended the deceased from\_ . 19 50 and that death occurred at 3:40 Pm., from the causes and on the date stated above. deceased alive on 11 -23A. SIGNATURE 23B. ADDRESS 24A. BURVAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24D. KOCATION (City, town, or county) Dunal DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR **ADDRESS** VS 150

When and my forder, beam would be Try in han primary sete, if proutle I not - then, if proster please what a more definite auntomised breaken of the maly not tune. See Document File for autopay report in full 50-9608 11-15-50

525	50 0000
THE CENTRE OF SERVICE	50 9609 gistered No
1. NAME OF DECEASED JEAN (Type or Print)  OF	47
3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where decear	
B. FULL NAME OF (If not in hospital or institution, give street address of Maryland	OUNTY before admission)
University Hospital    C. CITY OR TOWN   (If outside core)	for te limits, write RUPAL and give township)
Yrs. D. STREET ADDRESS (If rural, give Mos.	
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE ( last bir	In years if Under 1 Year rthday) Months Days Hours Min.
Temale   Colored   Dinal   O   O   O   O   O   O   O   O   O	try)   12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 1	0
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 17. INFORMANT	ADDRESS X
18. 57/x CAUSE OF DEATH	16/W. Algeria
DISEASE OR CONDITION DIRECTLY	ONSET AND DE T
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING ORISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	
TRIBUTING TO THE DEATH, BUT NOT RELATED  TO THE DISEASE OR CONDITION CAUSING IT.	
U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- about home, farm, factory, street, office bldg., etc.) UTING CAUSE OF DEATH.	nore City, give exact location)
21D. TIME (Momth) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT WORK AT WORK	
22. I certify that I took charge of the remains described above, held an autopsy	
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased dand death in my opinion resulted from: natural causes ☒, accident ☒, suicide ☒, homi	licd on the day stated above, cide $\Box$ , undetermined $\Box$ .
23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER M.D. MEDICAL INVESTIGATOR	Nov. 8, 1950
24A. BURIAL. CREMA 24B. DATE 0 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION TION, REMOVAL (Specify)	(City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR  AUTUR  OUTUR  OU	ADDRESS M dono 129
V 8 151 9 1951	1

PRINCIPLE OF STATES AND SECURE OF STATES

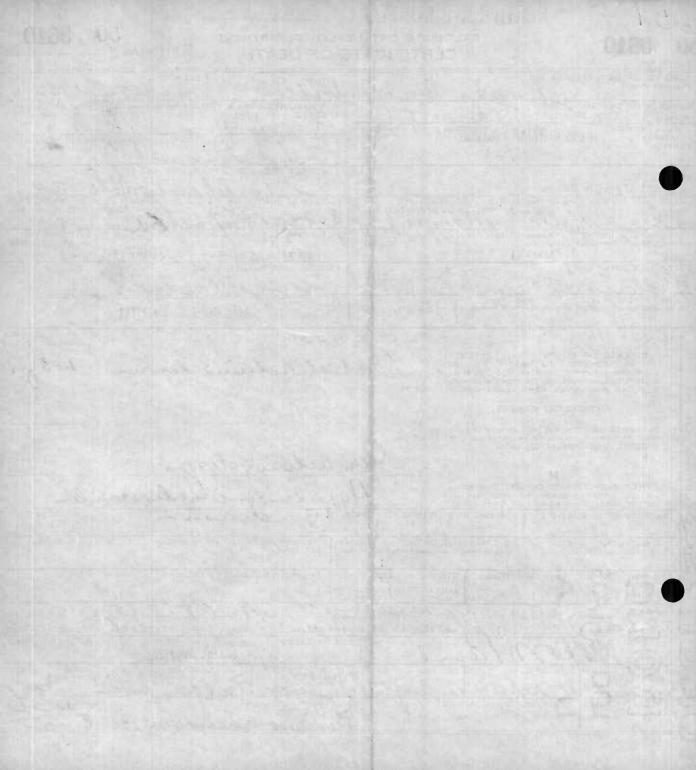
Called Medical Txam. Office for cause underlying peritonitis.

The struct This was not product finding in yours children;

Several types discovered on lates, but now too late to determine exact cause, y new overgrown. However, could add neumonoccus!

12/4/50 IS

12-20-50 BALTIMORE CITY HEALTH DEPARTMENT 9610 Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in bospita) or institution, give screet address or HOSPITAL OR location C. CITY OR TOWN (If outside corporate imit write WURAL and give township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days B. DATE OF BIRTH 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (In sears If Under 1 Year If Under 24 Hours last birthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Specify) 10A, USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 11. BIRTHRLACE (State of foreign countr 12. CITIZEN OF work dong during most of working life, even if retired) INDUSTRY WHAT COUNTRY NEAL ESTATE BROKE Meriden. Conn. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER N U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO WHAS HUPKIRS KUSPITAL INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH anderin Sch (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF EDICAL 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) INJURY NOT WHILE WHILE AT WORK AT WORK 0-18. 22. I hereby certify that I attended the deceased from . 1950 that I last saw the 30 9m., from the causes and on the date stated above. deceased alive on 19 and that death occurred at 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED WHO DUTAING DUSTITAL 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-24C. NAME OF CEMETERY OR CREMATORY (State TION, REMOVAL (Specify) 25. FONERAL DIRECTOR ADDRE REGISTRAR'S SIGNATURE DATE RECEIVED BY L REGISTRAR VS 150

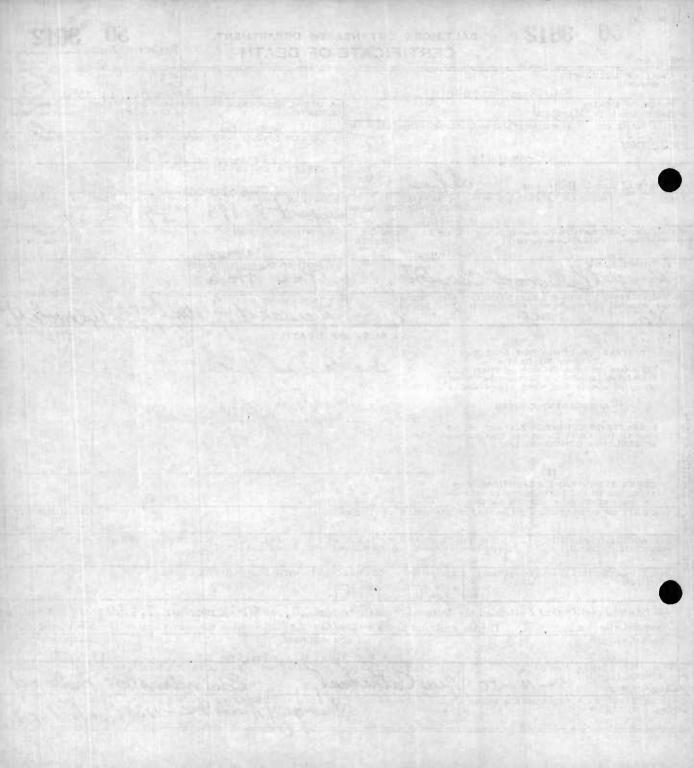


- 241	50 9611
50 9611 BALTIMORE CITY HE	ALTH DEPARTMENT
BIRTH NO. CERTIFICATE	E OF DEATH Registered No
1. NAME OF DECEASED (Type or Print) ELWOOD JAMES SHACKELFORD	2. DATE OF DEATH NOV. 9, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR US Marine Hospital location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Wyman Pk. Drive & 31st St.	Rock Hall township)
c. ength of stay in Baltimore l yr. l day Mos. Days	D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years it Under 1 Year last birthday) Months; Days Hours: Min.
M W Divorced	5/16/90 60 Note State Miles
10A. USUAL OCCUPATION (Give kind of retired)  Nork done during most of working life, even if retired)  Bos'n  Bos'n  Bos'n  Bos'n  Bos'n	11. BIRTHPLACE (State or foreign country)  Ala.
Bos'n (BOATSWAIN) Seafarer  13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Washington Shackelford	Genevieve Prickett
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nuknown) (If yes, give war or dates of service) 218-14-5103	17. INFORMANT ADDRESS Records- US Marine Hospital, Balto, Md.
18. 527./ , CAUSE C	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Thron	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	lysema, chronic Unknown
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  UL  T  OTHER SIGNIFICANT CONDITIONS CON-	
(C)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A, DATE OF OPERATION   19B, MAJOR FINDINGS OF OPERA	ATION 20. AUTOPSY?
O OLA ACCIDENT CHICIPE	YES NO YES NO NO
21A. ACCIDENT. SUICIDE. HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., in ebout home, farm, factory, atreet, office bldg., et	
21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRE	D 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from Nov	. 8 , 1949, to Nov. 9 , 19 50 that I last saw the
	red at 5:45 Am., from the causes and on the date stated above.
	S Marine Hospital, Balto, Md. 23c. DATE SIGNED 11/9/50
John L. Wilson Medical Director M.D. U.  24A. CHARACTER SPECIAL SPECIA	0 2001 - 1010 - 1020 - 101200
Burial Nor- 12 1950 Rock Hall Centry	- Chestertown md
	Marvin U. Williams - Chestertown Md.
VS 150	
6/3 3	5 //3.0

STUDIES TO SE 

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Lillian Blanche Wallace DEATHNOV 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give MOUTHON D. STREET ADDRESS (If rural, give location) Joseph's Mos. ngth of stay in Baltimore Days EIRTH 19. AGE (I 9. AGE (In years) 6. COLOR OR RACE 7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify) AGE (In years | fi Under 1 Year | If Under 24 Hours | last birthday) | Months | Days | Hours | Min. 02 Married 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTR Hwfe Baltimore Own home 13. FATHER'S NAME 14 MOTHER'S MAIDEN EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH 18. 420.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) (Specify) HOMICIDE INJURY OCCUR? 21p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? FINJURY 22. I hereby certify that I attended the deceased from October 18, 1950 to November 7, 1950, that I last saw the deceased alive on Nov. 7., 1950, and that death occurred at 6:50pm., from the causes and on the date stated above. 23A, SIGNATURE 23B. ADDRESS 23c. DATE SIGNED TLOO\_N. Caroline 24C. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-TION REMOVAL (Specify Dura 24. FUNERAL PRECTO DATE RECEIVED BY LOCAL REGISTRAR i Whatle it

VS 150



50 9613 9613 BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE STEE/E MRS. Ruth OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 0 4 Yrs. D. STREET ADDRESS (If rural, give location) - Mos. rth of stay in Baltimore Days 6. COLOR OR RACE . SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (in years) II Under 1 Year If Linder 24 Hours last birthday) Months Days Hours: Min MOLLION 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF vork done during most of worklug life, even if retired) INDUSTRY WHAT COUNTE 13. FATHER'S NAME Mc nabb 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO 2017 CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) OUE TO ANTECEDENT CAUSES (B) .... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) ..... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NOT WHILE! WHILE AT of, 1950, to Nov 9 , 1950, that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on Nov 9 , 1950, and that death occurred at 4 m., from the causes and on the date stated above. 23A. SIGNATURE

23B. ADDRESS

24c. NAME OF CEMETERY OR CREMATORY

23c. DATE SIGNED
1/9
24b. LOCATION (City, town, or county) (State)

24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)

nov12-1950 7

methodish

Mort

eif ma

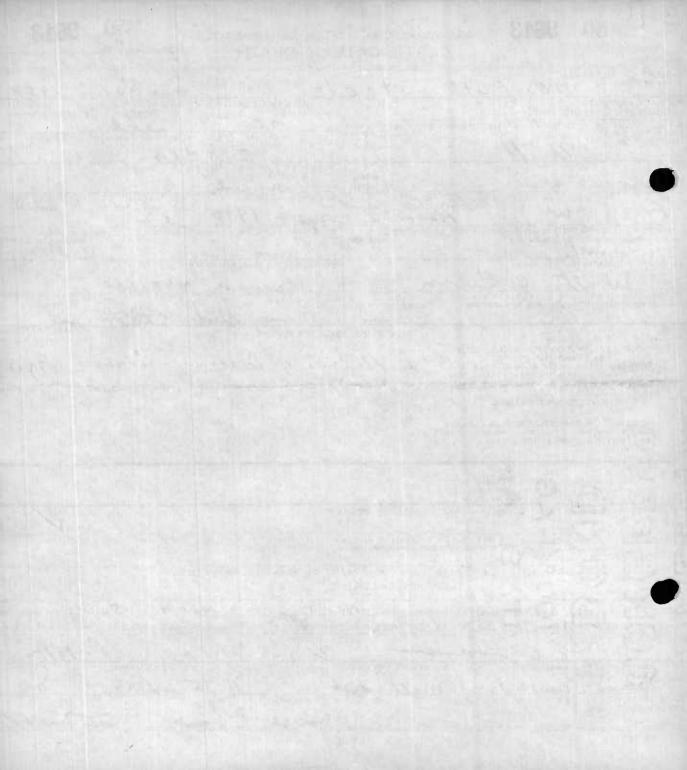
DATE RECEIVED BY

REGISTRAR'S SIGNATURE

SNATURE 2

25 FUNERAL DIRECTOR

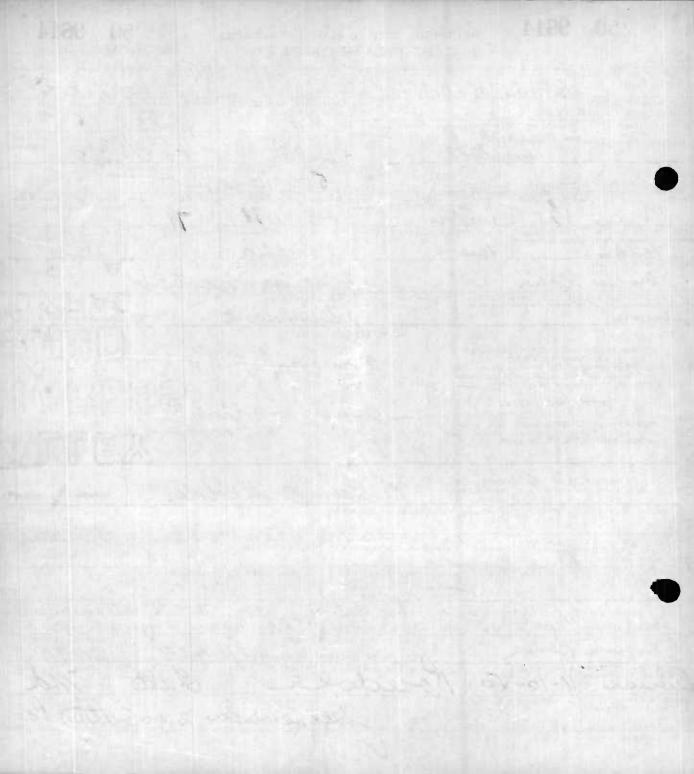
orth Easy and



### BALTIMORE CIT LTH DEPARTMENT CERTIFICATE OF DEATH

50 9614

Registered No-BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) athou Kahik OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION Imon Hemorial C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) (If rural, give location) Yrs. D. STREET ADDRESS Mos. rth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE 9. AGE (In years) If Under 1 Year last birthday) Months Days Hours Min. WIDQWED, DIVORCED (Specify) ower 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 15 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME arain 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) .... 11 OTHER SIGNIFICANT CONDITIONS CONlladder TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES NO 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY NOT WHILE WHILE AT WORK , 19 50 to Nov. 9, 150, that I last saw the 22. I hereby certify that I attended the deceased from Gel. 31 deceased alive on Nov 8. 1950, and that death occurred at 1.55 Am., from the causes and on the date stated above. 23A\_SIGNATURE 23B. ADDRESS 23c. DATE SIGNED reland Larson Mesenous TERY OR CREMATORY | 24b. LOCATION (City, town, or county) BURIAL, CREMA-DATE RECEIVED BY REGISTRAR'S SIGNATURE . FUNERAL DIRECTO ADDRESS LOCAL REGISTRAR who alow I shallbill



9615 9615 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) Kadish Samue DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE COUNT before admission) (If not in hospital or institution, give street address or B. FULL NAME OF (If outside corporate limits, write RURAL and give Union Memorial Hostita location) INSTITUTION \_\_\_township) (If rural, give location) Yrs. o. STREET ADDRESS Mos. th of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (in years) ff Under 1 Year If Under 24 Hours last birthday) Months: Days Hours Min. WIDOWED, DIVORCED (Specify) Marres 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? moren USSI Q 45A 13. FATHER'S NAME MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO. UNKHOWH INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUF TO ANTECEDENT CAUSES Hypertension DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY Korel YES NO (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER-INJURY OCCUR?

about home, ferm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING hone

210. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

NOT WHILE!

21F. HOW DID INJURY OCCUR?

none

none

22. I hereby certify that I attended the deceased from 10 PMI-\$1950 to 11:30 M 11-8, 1950 that I last saw the deceased alive on 11 - 8. 1950, and that death occurred at 1130 Pm., from the causes and on the date stated above,

23A. SIGNATURE

CAUSE OF DEATH

INJURY

BURIAL, CREMA- 248. DATE

23B. ADDRESS Honor Mesmoria

ER) OR CREMATORY

23c. DATE SIGNED

REMOVAL (Specify

REGISTRAR'S SIGNATURE

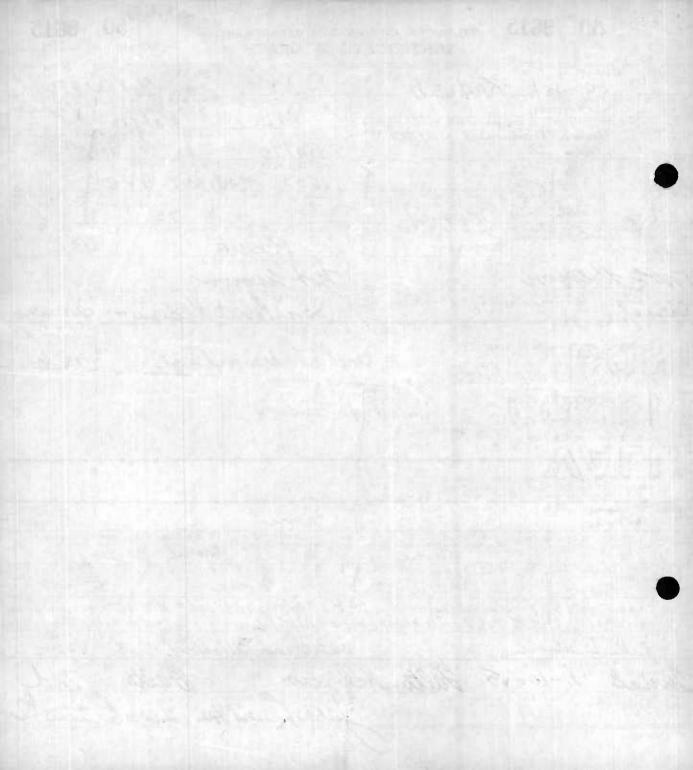
240. LOCATION (City, town, or county)

DATE RECEIVED BY LOCAL REGISTRAR

JV-11. Claster M

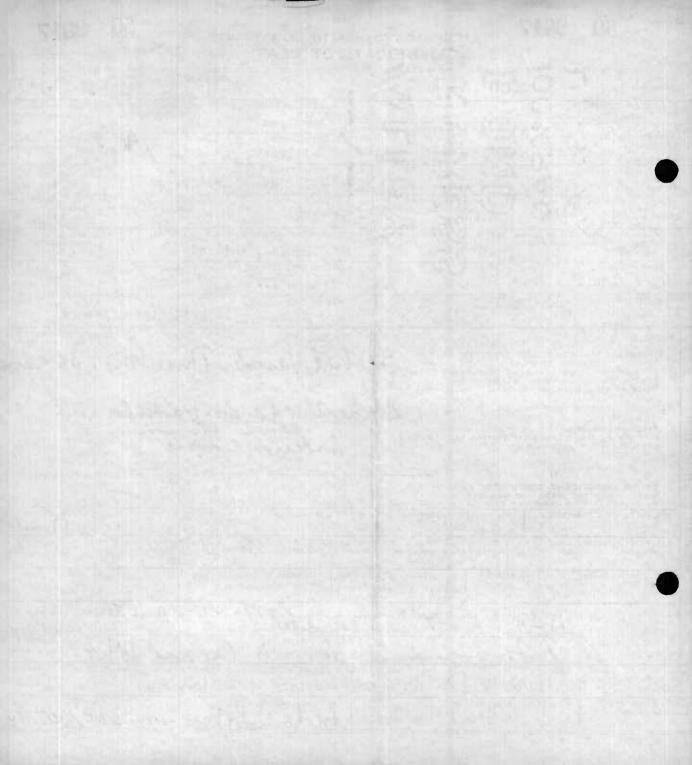
FUNERAL PRECTOR

MODRESS



Sheet week of beautiful to see the Marie Marie - Carlo Marie Mari Printed the second of the second

BIRTH NO. CERTIFICAT	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) HATTIE NEWMAN	2. DATE OF November 10,1950
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or	A. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
HOSPITAL OR location)  1701 Ellamont Street	
Yrs. Mos. Days	
female white 7. SINGLE, MARRIED. WILDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 1878  9. AGE (in years) If Under I Year In Under 24 Hours Min. 72  1878  1878  1878  18 DATE OF BIRTH 1878  18 Days Hours Min.
OA. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)  NONE INDUSTRY	London, England USA.
Moses Louis	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dutes of service) SECURITY NO.	Mr. Moses Appel- 2436 Linden Avenue
(c)	hal Vasculer Thrombris 36 home entire Cardio-vasculer ? Arteriorelevosis
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	YES NO
21A. ACCIDENT. SUICIDE.   21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.	,etc.) INJURY OCCUR?
INJURY MILE AT NOT WHILE AT WORK AT WORK	
	, 1947 to
Tion REMOVAL (Specify) 11/10/50 Balto. Hebre	w Cenetery Balto., Ad.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	ADDRESS ADDRESS ADDRESS



(If in Baltimore City, give exact location) 2129 E. Monument Street

24D. LOCATION (City, town, or county)

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 11 A. m. ? WORK L vember 8, 1950 22. I certify that I took charge of the remains described above, held an

ovember 11,13:0

21F. HOW DID INJURY OCCUR? Aspiration of sponge

INJURY OCCUR?

25. FUNERAL DIRECTOR

Autopsy Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \(\Bar{\pi}\), accident \(\Bar{\Bar{\Bar{\Bar{A}}}}\), suicide \(\Dar{\Bar{\Bar{A}}}\), homicide \(\Dar{\Bar{\Bar{A}}}\), undetermined \(\Dar{\Bar{A}}\).

REGISTRAR'S SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR N 935.0

23A. SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

UNDERLYING OR CONTRIB-

CERTIFICATION

53068

about home, farm, factory, street, office bldg., etc.)

Office

24c. NAME OF CEMETERY OR CREMATORY

Holy redeemer Cem.

Schimunek Funeral Home, Inc.

4430 Belair Fd

Bilto.

thereon and from

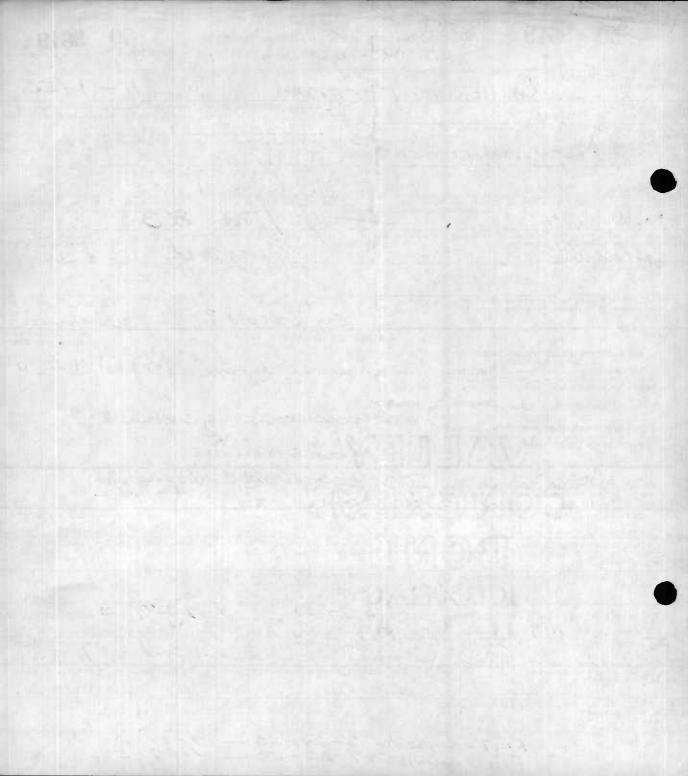
23c. DATE SIGNED 11-8-50

BIRTH NO.

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 Registered No. 9619

Type or Print)		THER	INE HOF	FMAN		2. DATE OF DEATH	11 -	9-5	0
B. PLACE OF DI A. Baltimore C	EATH: City, Maryland		ion, give street address or	A. USUAL RESID	ENCE (Wh	cre deceased B. COU			sidence admission)
HOSPITAL OR NSTITUTION	Marula	ndae	location)		(If or	utside corper	ate limits,	write RURA	L and give
		1	Yrs. Mos.	D. STREET ADDRI	ESS (If ru	ral, give loca	tion)		
5. SEX	tay in Baltimore 6. COLOR OR RACE	7. SINGLE	Days Days	8. DATE OF BIRTH	se or	9. AGE (In )	years If U	ides I Yeas   If	Under 24 Hours
Female	White	MIDOM	(ED, DIVORCED (Specify)	-11/20/13	866	B birth	day) Mont	hs Days Ho	urs Min.
ork done during most o	CUPATION (Give kind of working life, even if retired		O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (	State or for	eign country)	1	2. CITIZEN	OF QUNTRY!
3. FATHER'S N	IAME	es Heilm	nan	14. MOTHER'S MA	USEN NAM	ME U	nknow	1	
5. WAS DECEASE	D EVER IN U. S. ARME (If yes, give war or dat	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT			ADI	DRESS	
				Son Joscp	WY.		aa	abou	-
18. 260	X		CAUSE	OF DEATH				INTERVAL	BETWEEN ND DEATH
DISEAS	E OR CONDITION	DIRECTLY	Λ.	1 40		//	7/0	1 000	
(This does	not mean the mode re, asthenia, etc. It me	of dying, e. s	s., (A)	belic gang	rene	/et	-7 has/	7-22	50
injury or	complication which	caused death	DUE TO	2					
1 1 1 1 1	ANTECEDENT CAU	SES	1.1.				1. 1		
DISFASES	OR CONDITIONS,	F ANY GIVIN	(B) HHeri	oscierosis	9	chero	Mock		
RISE TO TH	HE ABOVE CAUSE (A)	STATING TH	E DUE TO ),	1 4	01-1				
i onezna.	into condition i	721.	(c) 1/1a	beles me	elite	<b>&amp;</b>			
	11		Abla	-sabate	- Ma	Vib oas	00.//-		
	IGNIFICANT COND			to Scheroll	Car	dusc	2000		
TO THE DI	SEASE OR CONDITION	CAUSING I	T. Upebhallas	toriosieros	25			T	
19A. DATE O	F OPERATION	198. MAJOR	FINDINGS OF OPER	RATION				20. AU	
21. 16618		1 21a BLA	ACE OF INJURY (e.g., i	n or   21c. WHERE D	ND (If	in Baltimore	City oi	YES	NO L
	ENT WAS UNDER- R CONTRIBUTING DEATH		arm, factory, street, office bldg.,			in Barcinior	e Oity, giv	e exact loca	rtion)
21D. TIME (	Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY	OCCUR1		A-1-11	
		m.	WHILE AT NOT WHILE		15 - 57	9,	16		
22. I hereby	y certify that I at	tended the	deceased from6 -	24-50 19	. to9-1	7.221	1950	that I las	t saw the
deeeased al	1110		and that death occur	rred at 2, Am.	, from the	causes ar			
234 SIGNAT	TURE	1 .		38. ADDRESS	1	20	111	23c. DATE	
Mars	Meselle !	Mulsa	) Cantille	marya	noy	CARRE	130	11/9	50
ON, REMOVAL (S	pecify)		24c. NAME OF CEMETE Holy Redeemer			elair F			(State)
DATE RECEIVED	D BY   REGISTRAR			25. SUNERAL DIR					
NOV 1	930	uston	Mianus Miss	2601-8-5	E. Mad	ison St			
VS 150	F	ist as	Larikesina la	-24-50	1	9-17	-20	01	,
	F	inalo	dmission 9	-22-50		11-9	-50	06	1.0



deceased alive on 23A. SIGNATURE

1952. and that death occurred at 4 10

23B. ADDRESS

m., from the causes and on the date stated above. 23c. DATE SIGNED

24A. BURIAL, CREMA-24B. DATE TION, REMOVAL (Specify)

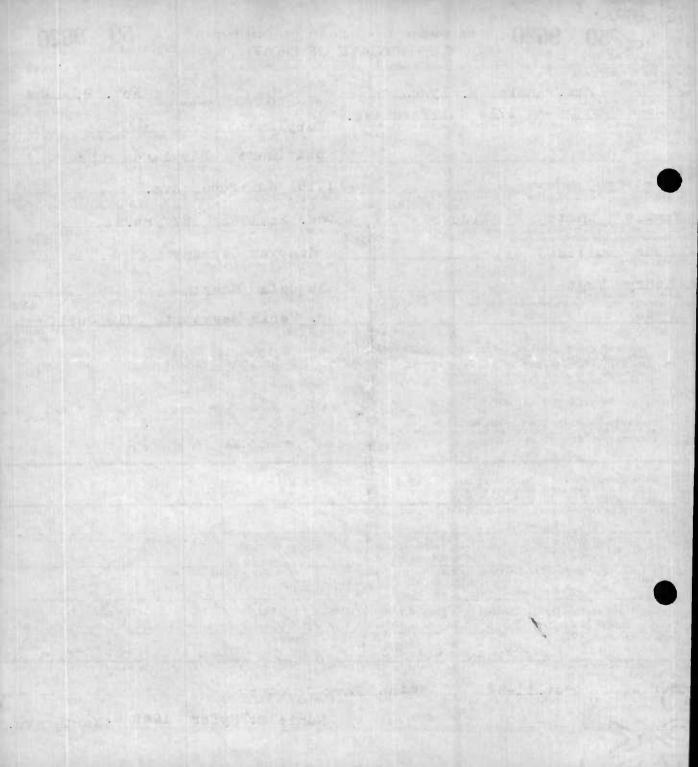
Burial Nov. 11-50 4c. NAME OF CEMETERY DR CREMATORY

ZAD. LOCATION (City, town, or county)

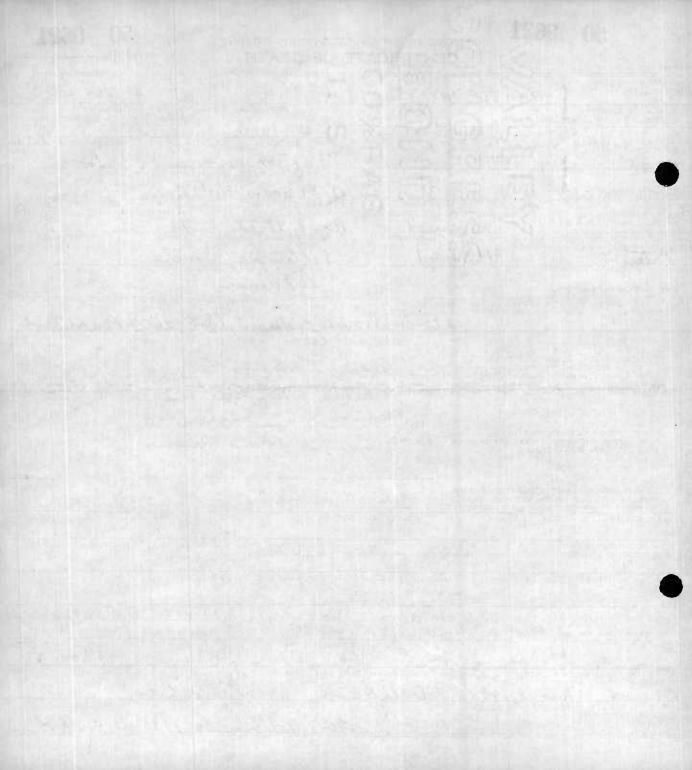
Leugen DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR restrict or Miland Mis Park Cemetery

ADDRESS

C. Syfer



		CERTIFICAT	E OF DEATH	Registered N	To
BI	IRTH NO.				
	NAME OF DECEASED JOHN HE	NRY BOOT	тн	of DEATH 8	Nov 50
Α.	. PLACE OF DEATH: . Baltimore City, Maryland		4. USUAL RESIDENCE (	Where deceased lived. If B. COUNTY	institution : residence before admission)
H	FULL NAME OF (If not in hospital or insti OSPITAL OR Good Samaritan	Houp location		f outside corporate limit	s, write RURAL and give township)
/	27 N. Cary St.	Yrs.	D. STREET ADDRESS (1	f rural, give location)	The second secon
	. Length of stay in Baltimore	Mos. Days		ill Ave.	
5.7		GLE, MARRIED. OWED, DIVORCED (Specify)	8. DATE OF BIRTH		under I Year If Under 24 Hours nths Days Hours Min.
10 orl	DA. USUAL OCCUPATION (Give kind of 10B. Kl k done during most of working life, even if retired)	ND OF BUSINESS OR		foreign country)	12. CITIZEN OF WHAT COUNTRY
	onler H	010	Dallemore	, mal	
13	S. FATHER'S NAME		Unknown	NAME	
15 Ye	5. WAS DECEASED EVER IN U.S. ARMED FORCES 10. no or unknown) (If yes, give war or dates of service)	SECURITY NO.	17. INFORMANT	11 1	DDRESS
_		1220-01-6280	hus Endage Jul	bot-26071	
	18. 422,1	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECT	LY 0 1	0. 0		
	(This does not mean the mode of dying,		& Mrontos	i	
	heart failure, asthenia, etc. It means the dis injury or complication which caused de		1 0 -		
		mar	hed arteriose	cerolii	
,	ANTECEDENT CAUSES	cardio	vaccular dise		
5	DISEASES OR CONDITIONS, IF ANY, GI	( D )		•••••••••••••••••••••••••••••••••••••••	
	RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	THE DUE TO genera	lined arterios	clumis	
3	SINDERETHING CONDITION EXST.		8		
_		(C)			
2	OTHER SIGNIFICANT CONDITIONS	CON.			
1	TRIBUTING TO THE DEATH, BUT NOT REL TO THE DISEASE OR CONDITION CAUSIN	ATED Marker	& debility.		
,		OR FINDINGS OF OPER	RATION		20. AUTOPSY?
A					YES NO
		PLACE OF INJURY (e.g.,		(If in Baltimore City, a	give exact location)
ī	HOMICIDE (Specify) about hos	me, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
Σ	D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJU	RY OCCUR?	
	INJURY	WHILE AT NOT WHILE			
	nı			2 4/	7)
	22. I hereby certify that I attended t deceased alive on 6 Nov. 1950	he deceased from 13	720, 1947, to	1 1000, 195	that I last saw the
	deceased alive on 6 Nov 1950	. and that death occu	red at 8 - Pm., from	the eauses and on ti	he date stated above
	A. SIGNATURE	D	23B. ADDRESS	1 1	23c. DATE SIGNED
	mil & Henning	MI DI	101 Winaus	Way	8 NOV 50
24 T10	4A. BURIAL, CREMA- ON, REMOVAL (Specify)	24c. NAME OF CEMETE	ERY OR CREMATORY 24D.	LOCATION (City, town,	or county) (State)
	Burial har 10, 1950	Int. aubre	in Ba	Ur. Co.	
D	The second secon	TURE	25. FUNERAL DIRECTOR		ADDRESS
L(	OCAL REGISTRARS SIGNA	= Whinessim	Jer. T. A. Hebson	dr. 1735 B	K. ave.
-		7 7	VA. III. CINTAN	20. 1100 10	-/-
	VS 150			/	931
				V	1200

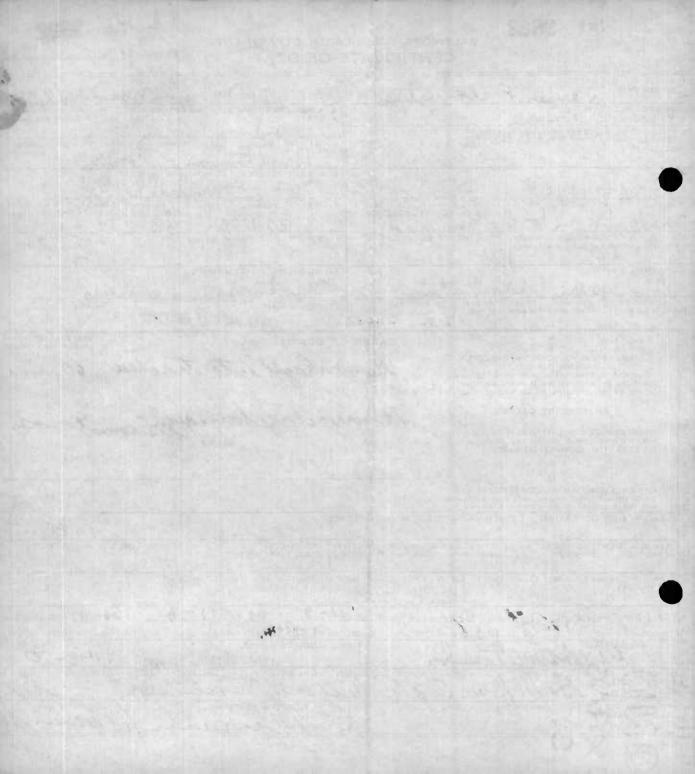


-613 BIRTH NO.	50	9622	BALTIMORE CITY H	_
1. NAME OF D (Type or Print)	Ja	mes F.	Unbutus (	URK
A. Baltimore (	City, Ma			A. STAT
B FULL NAME	OFILMAN	f mot ém-hospital or	r institution give street address of	-

	50 962
TIMORE CITY HEALTH DEPARTMENT	30.
CERTIFICATE OF DEATH	Registered No

	012	CERTIFICATI	F OF DEATH	Registered N	0
	RTH NO.	GERTH TEAT	E OF BEATH		
1. (T	ype or Print)	- Unbutus (	URBUTIS)	2. DATE OF DEATH	ember 8.1950
A.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE	Where deceased lived, If i	nstitution : residence , before admission
H	FULL NAME OF THE ROPLING	al or institution, give street address or location)		f outside corporate limits	write RURAL and viv
3	STITUTION		Baltun	me Du	township
C	Length of stay in Baltimore	Yrs. Mos.	70265	f rural, give location)	D. 5300
	SEX   6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH		Under I Year   If Under 24 Hours
1	nale winter	WIDOWED, DIVORCED (Specify)		last birthday) Mon	ths Days Hours Min
10	A. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF
1	NINEMAN	STEEL MILL			WHAT COUNTRY
13	FATHER'S NAME	0	14. MOTHER'S MAIDEN N	IAME	
15	Jasaper U	mhulus	malissa	Kemit	lis
(Ye	WAS DECEASED EVER IN U.S. ARMED (If yes, give wer or dated	16. SOCIAL SECURITY NO. 213-07-2862	17. INFORMANT	HRS HOSPITE	DRESS
	18. /6/4	CAUSE	OF DEATH		INTERVAL BETWEE
	DISEASE OR CONDITION	DIRECTLY	1 -		ONSET AND DEAT
	LEADING TO DEAT	TH W ~~	orrhade into	vhachla	60 mins
1	heart failure, asthenia, etc. It mea injury or complication which c	ns the disease,		trached	
	ANTECEDENT CAUS	ES /h	111	. 0	
Z		(B)/Cour	renel of lar	malle.	8 mas
TION	DISEASES OR CONDITIONS, II RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	STATING THE OUE TO		1 careston	
RTIFICA	Charles Contained Ex				
TIF	п	(C)			
ER	OTHER SIGNIFICANT CONDI				
U	TO THE DISEASE OR CONDITION	CAUSING IT.			
7	19A. DATE OF OPERATION	98. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICAL	21a. ACCIDENT, SUICIDE,	218. PLACE OF INJURY (e.g., in	n or   21c. WHERE DID (	If in Baltimore City, g	
MED	HOMICIDE (Specify)	about home, farm, factory, street, office bldg., e	etc.) INJURY OCCUR?		
2	21D. TIME (Month) (Day) (Year)	(Hour)   21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
	THOUSE.	m. WHILE AT NOT WHILE			
	22. I hereby certify that I att	ended the deceased from	11-8 , 1951, to	11-8,195	that I last saw th
	deceased alive on 11-8	, 19 5 and that death occur	rred at 936 A.m., from	the causes and on th	e date stated above
	23A, SIGNATURE	1 2	38. ADDRESS		23c. DATE SIGNED
2	AA BURIAL, CREMA- 248, DATE	M. D.	RY OR CREMATORY   240 I	OCATION (Cife town	or county) (State)
1	DEMONALA CONTRACTOR DATE	A TOTAL OF CHILL		The state of the s	( ( Contra)

REGISTRAR'S SIGNATURE DATE RECEIVED BY LOCAL REGISTRAD APDRES9 FUNERAL DIRECTOR NUVS 150 6903A



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE ETHEL E. BIGGS (Type or Print) Nov. 7 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY A STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) ALTO. Yrs. D. STREET ADDRESS (lf rural, give location) Mos. AIVATAC c. Length of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (In years tf Under 1 Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours; Min. ARRIED 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) IOB, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY HOUSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JUREY 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS 17. INFORMAN (Yes, no or unknown) (If yez, give war or dates of service) SECURITY NO. DGAR S. BIGGS No INTERVAL BETWEEN CAUSE OF DEATH 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING cular disease DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CERTIFICA (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21c. WHERE DID 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Ξ 21E. INJURY OCCURRED 2 IF. HOW DID INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) INJURY WHILE AT AT WORK 1950. and that death occurred at 230 p.n , 1950 that I last saw the 22. I hereby certify that I attended the deceased from. P.m., from the causes and on the date stated above. deceased alive on 23c. DATE, SIGNED 23A. SLONATURE (State) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) BURIAL BALTIMORE BALTIMORE MO. 25. FUNERAL DIRECTOR

DATE RECEIVED BY

REGISTRAR'S SIGNATURE LOCAL REGISTRAR

VS 150 195

2108 ST PAUL ST 17:0 7 00

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

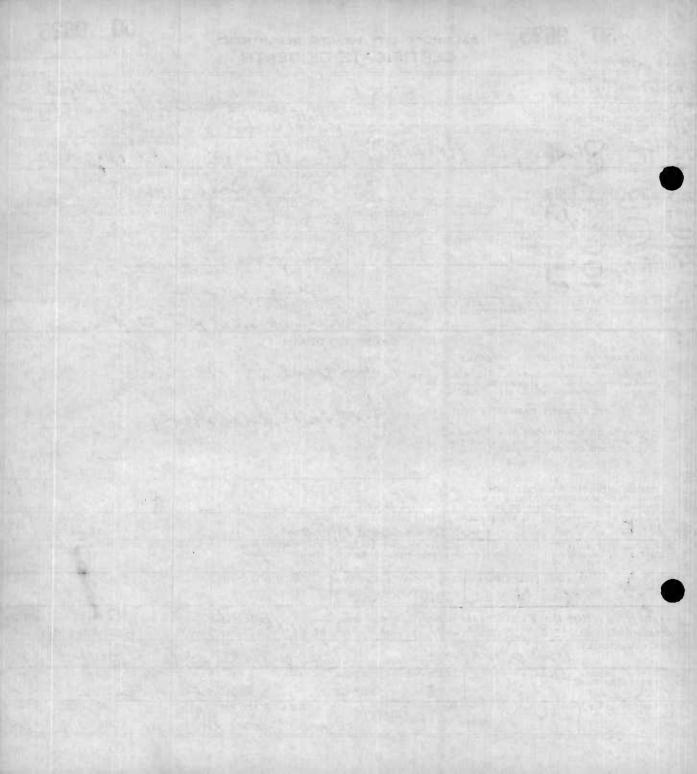
50 9624

BIRTH NO.		•	CERTIFICATI	E OF DEAT	H	Registered	l No	
1. NAME OF D (Type or Print)		lerick R.	Bradley		2.	OF NOV	. 7, 1	.950
B. FULL NAME	City, Maryland	al or institutio	n, give street address or	4. USUAL RESIDE A. STATE Maryland	ENCE (Where		If instituti	ion : residence before admission
HOSPITAL OR	3018 Gran	ntly Road	location)	c. CITY OR TOWN Baltimore		ide eorporate lin	nits, write	RURAL and give township
c. Sigth of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRE		l, give location)		
s. sex	6. COLOR OR RACE	7. SINGLE. WIDOWE	MARRIED. D, DIVORCED (Specify)	Sept. 20, 1	1 9.	AGE (in years)	If Under 1 Yes Months Da	ar If Under 24 Hours Ays Hours Min.
ork done during most	CUPATION (Give kind of of working life, even if retired)  le Foreman	C. D.	of Business or INDUSTRY	11. BIRTHPLACE (S		n eountry)	12. CIT WF	TIZEN OF HAT COUNTRY
Jo	hn A. Bradley			14. MOTHER'S MA	IDEN NAME			
5. WAS DECEASE (es, no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO. 20-01-6978	17. INFORMANT William R.	Bradles	v. 3018 G	ADDRESS	
heart failu injury or  DISEASES RISE TO T UNDERLY  OTHER S TRIBUTING	LEADING TO DEAT of not mean the mode of re, asthenia, etc. It mean complication which of the complication which of the complication which of the complication which of the complication with the complication of the complication	of dying, e.g., ns the disease, ns the disease, saused death.) SES  F ANY, GIVING STATING THE ST.  TIONS CON- NOT RELATED	DUE TO  (C)	ron Irsi	ffre	· · · · · · · · · · · · · · · · · · ·	9	lears?
	DF OPERATION 0 1		FINDINGS OF OPER	ATION			20   YE	O. AUTOPSY?
21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLAC about home, far	CE OF INJURY (e. g., in m.factory,atreet, office bldg., e	or 21c. WHERE D	ID (If in R?	Baltimore City		
21D. TIME NJURY	y certify that I att	ended the d	neceased from at work leceased from lecased	red at 1 2 pm., 38. ADDRESS PM W	from the co	auses and on	the date	PATE SIGNED
OCAL REGIST	RAR	S SIGNATUR		25. FUNERAL DIRI Wm. Good			ADDRI	
VS 150	160	and an in						

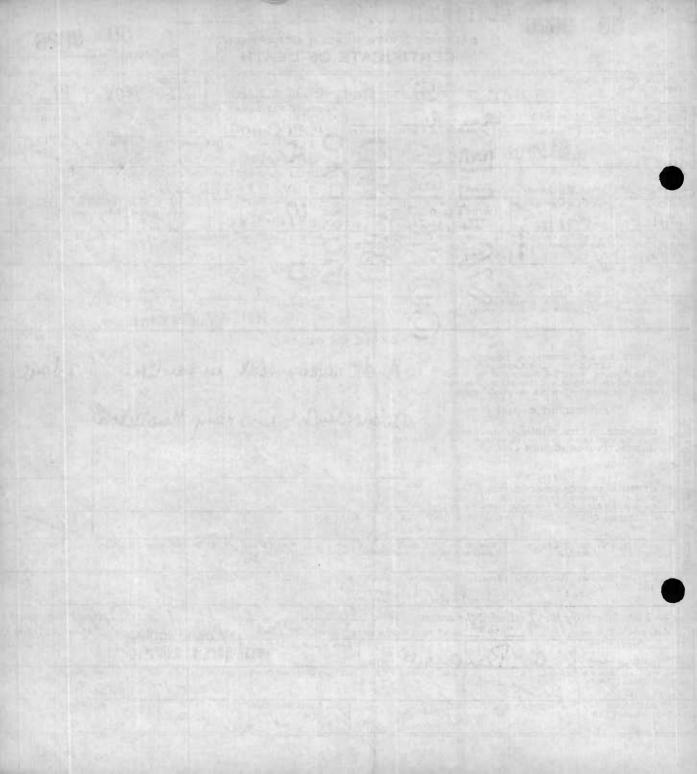
094a

volumed in states and plants R.O. Morrison . continue 

VS 150



1	120	000	oc C	ERTIF	ICATE	CORR	ECTED 11-	-16-50			
	)	U 304	50	BAL	TIMORE	CITY H	EALTH DEPART	MENT	1	50	9626
							E OF DEATH		Regis	tered No-	00:00
	NAME OF D	FCFASED							2 DATE		
	ype or Print)	LOLASED	+ AR	RY	Sct	TLAC	HENRY SCHA		2. DATE OF DEATH	NOV	9.1950
	PLACE OF D	EATH: City, Marylan	nd E	257	(0		4. USUAL RESIDE	ENCE (Whe	ere deceased B. COU		itution; residence before admission)
В.	FULL NAME				on, give stree						
	SPITAL OR ISTITUTION	HILLS	<b>IOPKINS</b>	HOSPITA	ī	location)	BALLIMO		tside corpor	ate limits, w	rite RURAL and give township)
						Yrs.	D. STREET ADDRE	SS (If rui	ral, give loca	tion)	
		tay in Baltin	nore	7	144	Mos. Days	5 N. EX	(ETER	St.		
5.	SEX	6. COLOR OR	RACE 7		MARRIED, ED, DIVORC		8. DATE OF BIRTH		ast birtho		Days Hours Min.
1	THLE	White	5		DOWED		2-10-8	1	63		
MÓZP	done during most o	CUPATION (Giver of working life, even i	if retired)	OB. KIND	OF BUSINE	NOUSTRY		State or fore	ign country)	12	CITIZEN OF WHAT COUNTRY?
13	. FATHER'S N	oyed	47	horte	rder "	vol (	14. MOTHER'S MA	a			
,,,	Die	Cola	Onl				Elizabai				
15	. WAS DECEASE	ED EVER IN U.S	ARMED F	FORCES?	16. SOCIA	L	17. INFORMANT	n (9	nKno	wn)	
(Ye	s, no or nuknown)	(If yes, give we	r or detes of	f service)		RITY NO.		ins hopk	INS KOSPI	ADDI	<b>1255</b>
	18. 420	,1 .		100	100	CALICE	OF DEATH				INTERVAL BETWEEN
						CAUSE	J				
	DISEAS	SE OR CONDI				1 1		0 -	0 .		101.
	(This does heart failu	SE OR CONDI LEADING TO s not mean the are, asthenia, etc	mode of on the contract of the	dying, e.g s the disease	(A)	Auste	nyocardia	با أ	Sauch	Ou	7 days
	(This does heart failu	SE OR CONDI LEADING TO s not mean the are, asthenia, etc complication	mode of c. It means which cau	dying, e. g s the disease used death.	e, (A)	Aude	nyocardia			0u	7 days
N	(This does heart failu injury or	SE OR CONDI LEADING TO s not mean the are, asthenia, etc complication	O DEATH mode of oc. It means which cau	dying, e.g s the disease used death.	(A) (A) (B)	Aude	nyocardia			on whose	7 days
TION	(This does heart failu injury or DISEASE:	SE OR CONDI- LEADING TO s not mean the irre, asthenia, etc complication v ANTECEDENT S OR CONDITI	O DEATH mode of c. It means which cau T CAUSES IONS, IF A	dying, e. g s the disease used death. S	(A) DUE TO	Auste				an	7 days
CATION	(This does heart failu injury or DISEASE:	SE OR CONDI- LEADING TO s not mean the tre, asthenia, etc complication to ANTECEDENT	O DEATH mode of c. It means which cau T CAUSES IONS, IF A	dying, e. g s the disease used death. S	(A) DUE TO	Auste	nyocardia			an	7 days
LIFICATION	(This does heart failu injury or DISEASE:	SE OR CONDI- LEADING TO s not mean the irre, asthenia, etc complication v ANTECEDENT S OR CONDITI	O DEATH mode of c. It means which cau T CAUSES IONS, IF A	dying, e. g s the disease used death. S	(A)	Auste	nyocardia	D Nam	out y	irolu	7 days
ERTIFICATION	(This does heart failu injury or DISEASE: RISE TO TUNDERLY	SE OR CONDILEADING TO SOME NOT WELL TO THE PROPERTY OF THE PRO	O DEATH mode of o . It means which cau  T CAUSES IONS, IF A ISE (A) ST ION LAST	dying, e. g s the disease used death.  S  ANY, GIVIN GITATING TH.  T.  IONS CON	(A)  DUE TO  (B)  (C)	Auste	myocardio	D Nam	out y	irolu	7 days
CERTIFICATION	(This does heart failu injury or DISEASE: RISE TO TUNDERLY OTHER STRIBUTING TO THE D	SE OR CONDILEADING TO SOME ANTECEDENT SOR CONDITIONS CO	O DEATH mode of the mode of th	dying, e. g dying, e. g s the disease used death.  S ANY, GIVIN TATING TH T.  IONS CON OT RELATE CAUSING I	(B) (C)	Aude	muscardis soustic con	D Nam	out y	irolu	7 days
U	(This does heart failu injury or DISEASE: RISE TO TUNDERLY OTHER STRIBUTING TO THE D	SE OR CONDI- LEADING TO S not mean the pre, asthemia, etc complication of ANTECEDENT S OR CONDITI- THE ABOVE CAU YING CONDITI- BIGNIFICANT S TO THE DEAT	O DEATH mode of the mode of th	dying, e. g dying, e. g s the disease used death.  S ANY, GIVIN TATING TH T.  IONS CON OT RELATE CAUSING I	(B) (C)	Aude	muscardis soustic con	D Nam	out y	irolu	20. AUTOPS ?
U	(This does heart failus injury or DISEASE: RISE TO TUNDERLY OTHER STRIBUTING TO THE DISEASE. 19A. DATE CO. 21A. ACCIDE	SE OR CONDILEADING TO SO NOT MEAN THE COMPLICATION TO SO OR CONDITION OF OPERATION OF OPERATION OF OPERATION LEADING TO THE DEAT OF OPERATION LEADING TO THE DEAT OF OPERATION LEADING TO THE DEAT OF	DEATH mode of the	dying, e. g s the disease used death.  S  ANY, GIVIN GITATING THIT.  IONS CON OT RELATE CAUSING IT.  B. MAJOR  218. PLA	(B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	Aude Julius	RATION  THE PROPERTY OF LOW PROPERTY OF LANGUAGE PR	DID (If	aut p	www	
EDICAL C	(This does heart failus injury or DISEASE: RISE TO TUNDERLY OTHER STRIBUTING TO THE D	SE OR CONDILEADING TO SOME ANTECEDENT SOR CONDITIONS CONDITION OF THE DEAT OF CONDITIONS OR THE DESTANDANCE OR CONDITIONS OR THE DEAT OF CONDITIONS OR CONDI	DEATH mode of the	dying, e. g s the disease used death.  S  ANY, GIVIN GITATING THIT.  IONS CON OT RELATE CAUSING IT.  B. MAJOR  218. PLA	(B) (C)  FINDINGS	Aude Julius	RATION  THE PROPERTY OF THE PR	DID (If	aut p	www	YES NO
U	(This does heart failus injury or DISEASE: RISE TO TUNDERLY OTHER STRIBUTING TO THE DISEASE HOMICIDE	SE OR CONDILEADING TO SO NOT MEAN THE COMPLICATION TO SO OR CONDITION OF OPERATION OF OPERATION OF OPERATION LEADING TO THE DEAT OF OPERATION LEADING TO THE DEAT OF OPERATION LEADING TO THE DEAT OF	DEATH mode of c. It means which cau T CAUSES IONS, IF A STION LAST CONDITION	dying, e. g s the disease used death.  S  ANY, GIVIN GITATING TH T.  IONS CON OT RELATE CAUSING IT B. MAJOR  21B. PLA about home, fe	(A)  (B)  (B)  (C)  (C)  (C)  (C)  (C)  (C	OF OPER	RATION  THE PROPERTY OF THE PR	DID (If i	in Baltimore	www	YES NO
EDICAL C	(This does heart failus injury or DISEASE: RISE TO TUNDERLY OTHER STRIBUTING TO THE DISEASE: ALCOLDE HOMICIDE	SE OR CONDILEADING TO So not mean the cre, asthenia, etc complication of the complicat	DEATH mode of c. It means which cau T CAUSES IONS, IF A STION LAST CONDITION	dying, e. g s the disease used death.  S  ANY, GIVIN GITATING TH T.  IONS CON OT RELATE CAUSING IT B. MAJOR  21B. PLA about home, fe	(B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	Aude Julius OF OPER	RATION  The or 21c. WHERE D INJURY OCCUPATION  THE DEED 21F. HOW DID	DID (If i	in Baltimore	www	YES NO
EDICAL C	(This does heart failus injury or DISEASE: RISE TO TUNDERLY OTHER STRIBUTION TO THE DISEASE HOMICIDE CONTROL OF THE DISEASE HOMICIDE CONTROL OF THE DISEASE OF T	SE OR CONDILEADING TO So not mean the cre, asthenia, etc complication of the complicat	O DEATH mode of the mode of th	dying, e. g sthe disease used death.  S ANY, GIVIN ITATING TH.  IONS CON OT RELATE.  B. MAJOR  21B. PLA about home, fet with the control of t	(A)  (B)  (B)  (CE OF INJURY  WORK  CE OS SUBJECT  (CE OF INJURY  WORK  CE OS SUBJECT  (CE OF INJURY  WORK  CE OS SUBJECT  (CE	OF OPER	RATION  in or 21c. WHERE D INJURY OCCUP  RED 21f. HOW DID  1 - 7 , 195	DID (If i	in Baltimore	e City, give	YES NO
EDICAL C	(This does heart failus injury or the control of th	SE OR CONDILEADING TO SOME NOT WELL AND THE ABOVE CAUTING CONDIT HE DEAT OF CONDIT OF OPERATION (Specify)  (Month) (Day)  The certify than a live on the condition of th	O DEATH mode of the mode of th	dying, e. g s the disease used death.  S  ANY, GIVIN ITATING TH. T.  IONS CON OT RELATE CAUSING I' B. MAJOR  21B. PLA about home, fe Hour)  m.  mded the	(B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	OF OPER  JRY (e.g., ret, office bldg., r OCCURE  NOT WHILE  AT WORK  rom leath occu	RATION  in or 21c. WHERE D INJURY OCCUP  INTURY OCCUP  INTURY OCCUP  To 7 1950  rred at 3.20 am,	DID (If i	in Baltimore	e City, give	exact location)  hat I last saw the late stated above.
EDICAL C	(This does heart failus injury or DISEASE: RISE TO TUNDERLY OTHER STRIBUTION TO THE DISEASE: ACCIDE HOMICIDE  21A. ACCIDE HOMICIDE  21A. TIME INJURY	SE OR CONDILEADING TO SOME NOT WELL AND THE ABOVE CAUTING CONDIT HE DEAT OF CONDIT OF OPERATION (Specify)  (Month) (Day)  The certify than a live on the condition of th	O DEATH mode of the mode of th	dying, e. g sthe disease used death.  S ANY, GIVIN ITATING TH.  IONS CON OT RELATE.  B. MAJOR  21B. PLA about home, fet with the control of t	(A)  (B)  (B)  (CE OF INJURY  WORK  CE OS SUBJECT  (CE OF INJURY  WORK  CE OS SUBJECT  (CE OF INJURY  WORK  CE OS SUBJECT  (CE	OF OPER JRY (e.g., ret, office bldg., r OCCURE NOT WHILE AT WORK from.	RATION  in or 21c. WHERE D INJURY OCCUP  RED 21f. HOW DID  1 - 7 , 195	DID (If i	in Baltimore	e City, give	exact location)  hat I last saw the
MEDICAL C	OTHER STRIBUTION TO THE DISACCIDE HOMICIDE  21A. ACCIDE HOMICIDE  21D. TIME 22. I hereb deceased a 23A. SIGNA	SE OR CONDILEADING TO SO NOT WEAR THE ABOVE CAU YING CONDIT HE ABOVE CAU YING CONDIT GONDIT G	CONDITION CONDITION (Year) (E	dying, e. g s the disease used death.  S  ANY, GIVIN STATING TH. T.  IONS CON OT RELATE CAUSING IT B. MAJOR  21B. PLA about home, for m.	(B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	OF OPER  JRY (e.g., ret, office bldg., r OCCURE  NOT WHILE  AT WORK  rom.  eath occu	RATION  in or 21c. WHERE D INJURY OCCUP  INTURY OCCUP  INTURY OCCUP  To 7 1950  rred at 3.20 am,	DID (If in injury of the injur	in Baltimore	e City, give	exact location)  hat I last saw the late stated above. 3c. DATE SIGNED
MEDICAL C	OTHER STRIBUTION TO THE DISACTORY  OTHER STRIBUTION TO THE DISACTORY  21A. ACCIDE HOMICIDE  21D. TIME 1NJURY  22. I hereb deceased a 23A. SIGNATARY	SE OR CONDILEADING TO SO NOT WEAR THE ABOVE CAU YING CONDIT HE ABOVE CAU YING CONDIT GONDIT G	CONDITION CONDITION (Year) (E	dying, e. g s the disease used death.  S  ANY, GIVIN STATING TH. T.  IONS CON OT RELATE CAUSING IT B. MAJOR  21B. PLA about home, for m.	(B) (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	OF OPER JRY (e.g., ret, office bldg., r OCCURE AT WORK rom. eath occu	RATION  in or 21c, WHERE D INJURY OCCUP  21f, HOW DID  1-7  rred at 3.2 am, 23B. ADDRESS	DID (If in injury of the injur	in Baltimore	e City, give	exact location)  hat I last saw the late stated above. 3c. DATE SIGNED
MEDICAL C	OTHER STRIBUTING  21A. ACCIDE HOMICIDE  21D. TIME INJURY  22. I hereb deceased a. 23A. SIGNA  4A. BURIAL. OTHER STRIBUTING CONTRACTOR CONTRACTO	SE OR CONDIL LEADING TO LEADING TO S not mean the pre, asthemia, etc complication  ANTECEDENT  S OR CONDITI THE ABOVE CAU YING CONDIT  BIGNIFICANT G TO THE DEAT DISEASE OR COP OF OPERATION  ENT. SUICIDE, (Specify)  (Month) (Day)  TO CREMA- Live on  TURE CREMA- D BY REGIS  D BY REGIS	CONDITION LAST  O DEATH mode of the mode o	dying, e. g s the disease used death.  S  ANY, GIVIN STATING TH. T.  IONS CON OT RELATE CAUSING IT B. MAJOR  21B. PLA about home, for m.	(A)  (B)  (B)  (C)  (C)  (C)  (C)  (C)  (C	OF OPER  JRY (e.g., ret, office bldg., r OCCURE  NOT WHILE  AT WORK  rom.  eath occu	RATION  in or 21c, WHERE D INJURY OCCUP  21f, HOW DID  1-7  rred at 3.2 am, 23B. ADDRESS	OID (If in	in Baltimore	e City, give	exact location)  hat I last saw the late stated above. 3c. DATE SIGNED
MEDICAL C	OTHER STRIBUTING  21A. ACCIDE HOMICIDE  21D. TIME 19A. DATE C  21A. ACCIDE HOMICIDE  21D. TIME 22. I hereb deceased a 23A. SIGNA  4A. BURIAL, OTHER STRIBUTING ATE RECEIVE OCAL REGIST	SE OR CONDILEADING TO SOME NOT WELL AND THE ABOVE CAUTYING CONDIT HE ABOVE CAUTYING	CONDITION LAST  O DEATH mode of the mode o	dying, e. g s the disease used death.  S ANY, GIVIN ITATING TH.  IONS CON OT RELATE.  B. MAJOR  21B. PLA about home, fe with the control of t	(A)  (B)  (B)  (C)  (C)  (C)  (C)  (C)  (C	OF OPER JRY (e.g., ret, office bldg., r OCCURE AT WORK rom. eath occu	RATION  in or 21c. WHERE D INJURY OCCUP  RED 21f. HOW DID  1 - 7  rred at 3.20 am., 23B. ADDRESS  ERY OR CREMATORY	OID (If in	in Baltimore	e City, give	exact location)  hat I last saw the late stated above. 3c. DATE SIGNED
MEDICAL C	OTHER STRIBUTING  21A. ACCIDE HOMICIDE  21D. TIME 19A. DATE C  21A. ACCIDE HOMICIDE  21D. TIME 22. I hereb deceased a 23A. SIGNA  4A. BURIAL, OTHER STRIBUTING ATE RECEIVE OCAL REGIST	SE OR CONDIL LEADING TO LEADING TO S not mean the pre, asthemia, etc complication  ANTECEDENT  S OR CONDITI THE ABOVE CAU YING CONDIT  BIGNIFICANT G TO THE DEAT DISEASE OR COP OF OPERATION  ENT. SUICIDE, (Specify)  (Month) (Day)  TO CREMA- Live on  TURE CREMA- D BY REGIS  D BY REGIS	CONDITION LAST  O DEATH mode of the mode o	dying, e. g s the disease used death.  S ANY, GIVIN ITATING TH.  IONS CON OT RELATE.  B. MAJOR  21B. PLA about home, fe with the control of t	(A)  (B)  (B)  (C)  (C)  (C)  (C)  (C)  (C	OF OPER JRY (e.g., ret, office bldg., r OCCURE AT WORK rom. eath occu	RATION  in or 21c. WHERE D INJURY OCCUP  RED 21f. HOW DID  1 - 7  rred at 3.20 am., 23B. ADDRESS  ERY OR CREMATORY	OID (If in	in Baltimore	e City, give	exact location)  hat I last saw the late stated above. 3c. DATE SIGNED



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: . USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 80 Yrs. D. STREET ADDRESS (If rural, give location) Mos. ngth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORGED (Specify) GE (in years) last birthday) Months; Days Hours; Min. ungle 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work doneduring most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes no or uoknowo) 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY

21B. PLACE OF INJURY (e. g., io or 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH

1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

NOT WHILE

AT WORK

22. I hereby certify that I attended the deceased from 16 - 20

21c. WHERE DID

INJURY OCCUR?

. 1950. and that death occurred at 1 m from

21F. HOW DID INJURY OCCUR?

. 1950, that I last saw the P.m., from the causes and on the date stated above. 23c. DATE SIGNED

(If in Baltimore City, give exact location)

24A. BURNAL, OREMA-TION, BEMOVAL (Specify)

INJURY

23A SIGNATURE

deceased alive on 11- 9

24B. DATE

245 NAME OF CEMETERY OF GREMATORY

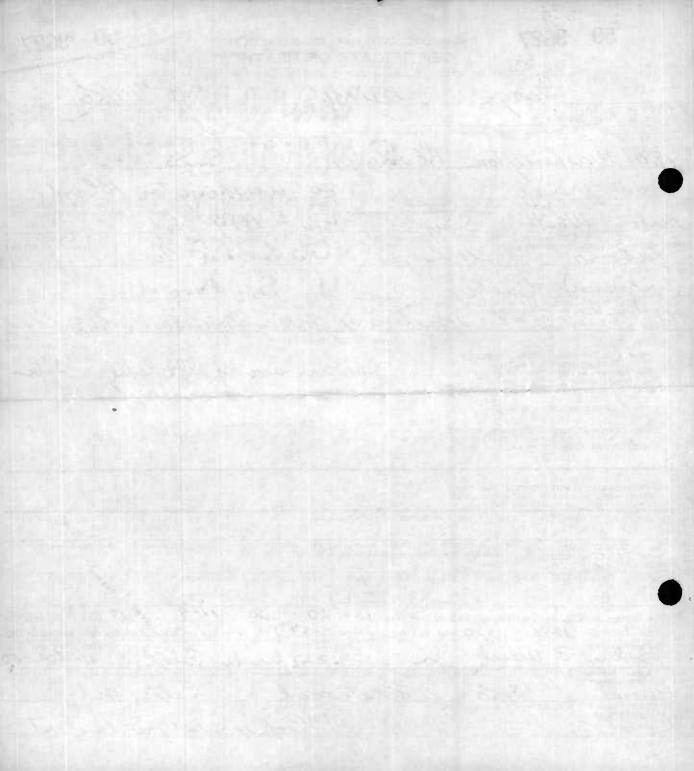
25. FUNERAL DIRECTOR

24D. LOCATION (City, town, or county)

DATE RECEIVED BY OCAL REGISTRAR

REGISTRAR'S SIGNATURE

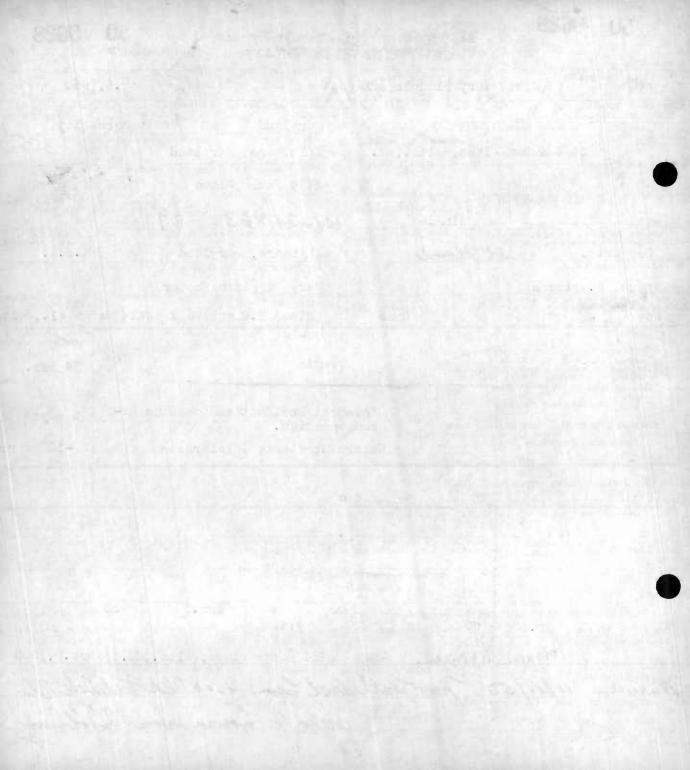
VS 150



50 9628

L	240		DAL	CEDTIE	CATE	OF DEATH	Registered	No.	
В	IRTH NO.			CERTIFI	CATE	E OF DEATH	Registereu	110-	
1.	NAME OF D Type or Print)	ECEASED (Miss	) Mary	Blanche	Bri sco	ЭӨ	2. DATE NOV	.8,1950	
	PLACE OF D Baltimore (	City, Maryland		0.55	4	A. STATE	E (Where deceased lived. B. COUNTY	before admi	
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit			location)	Maryland c. CITY OR TOWN Baltimore,	(If outside corporate lin		nd give
c.	Length of s	tay in Baltimore		87	Yrs. Mos. Days	o. street address 2424 Eu taw	(If rural, give location)		
	sex Female	6.COLOR OR RACE	WIDOW	MARRIED, ED, DIVORCED ingle		8. DATE OF BIRTH	9. AGE (In years last birthday)	# Under   Year   H Under 2 Hours	24 Hours Min.
OF	House'	CUPATION (Give kind of of working life, even if retired) Wife		OF BUSINESS	S OR DUSTRY	11. BIRTHPLACE (State Baltimore, Ma		12. CITIZEN OF WHAT COUN	VTRY1
13	Semuel	N.Briscoe				Mary Virgin			
15 Ye	S. WAS DECEASE e, no or unknown)	D EVER IN U. S. ARMET	FORCES?	16. SOCIAL SECURIT	Y NO.	17. INFORMANT		ADDRESS Eutaw Pl. F	Balt
	18. 42	2-1				OF DEATH		INTERVAL BET	WEEN
7	DISEAS (This does heart failu injury or	SE OR CONDITION LEADING TO DEAT not mean the mode o re, asthenia, etc. It mea complication which c	TH f dying, e. g ns the diseas aused death	(A) e, DUE TO	Cere	Jremia bral accident	and cardiac de	24 hrs.	
יוכאוור	RISE TO T	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C) Generalized					sclerosis	10-12 ye	ear:
יוואטי	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
ו				FINDINGS OF	F OPER	ATION		20. AUTOPS	SY7
5	011 40010	ENT WAS AWARD	l 2le DI A	CE OF INJURY	( (a a in	or 21c. WHERE DID	(If in Baltimore City,		10
2 4	LYING OF	ENT WAS UNDER- R CONTRIBUTING DEATH	about home, f	arm, factory, street, o	flice bldg., et	injury occur?	(If In Daitmore Oily,	give exact location)	,
	INJURY	Month) (Day) (Year)			CCURRE of WHILE		JURY OCCUR?		
V	22. I hereby deceased all 23A. SIGNAT	TURE // c	19 50	and that deat	h. occur	red at 9:45Pm., fre	om the causes and on	23c. DATE SIG	bove.
	4A. BURIAL, CON, REMOVAL (S	D BY   REGISTRAR	S SIGNATU	hew ba	thea		ace, Balto., Md.  Ho. LOCATION (City, town  H 3.0 OLL Fall  OR	Nov.9,199	State)
L	DCAL REGIST	PAR Tentro	ator 11	iliains, hi	4	Who 4. 60	wan & Son	Holling	2
	D V.	S. Sher	man				08	32	Τ-

Dr. S. Sherman

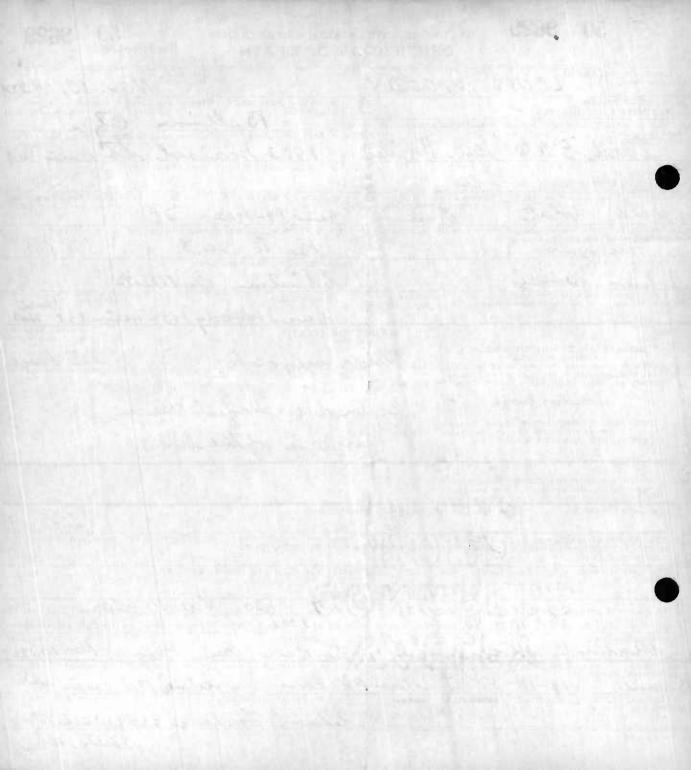


BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) LOUIS UrooD 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, C CITY OR TOWN rite RURAL and give Yrs. D. STREET ADDRESS (If rural, give location) Mos. igth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIEL 9. AGE (in years) If Under 1 Year If Under 24 Hours last birthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Specify) Tarred 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) WHAT COUNTRY? theman 11 5.A-13. FATHER'S NAME HER'S MAIDEN NAME - Woody. . WAS DECEASED EVER IN U, S. APMED FORCES? , no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) Ruptured also phageal Varices DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO Circhosia of the liver UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 1950 to Nov. 10, 1950 that I last saw the 22. I hereby certify that I attended the deceased from Nov. 7 deceased alive on Nov. 10, 1950, and that death occurred at 3:30 4.m., from the causes and on the date stated above. 23A, SIGNATURE 23B. ADDRESS 23c. DATE SIGNED Nov. 10,1952 Martino 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY Loudous P. Survel DATE RECEIVED BY REGISTRAR'S SIGNATURE 25, FUNERAL DIRECTOR LOCAL REGISTRAR vulson 2359 Wash Bloc

VS 150

762 93

reulto Mil



Wes The reference head Consister accompanied by adin recurredor here it the line of beath ? instin" Der Document File 50-9630 11-20-50

BALTIMORE CITY HEALTH DEPARTMENT Registered CERTIFICATE OF DEATH NAME OF DECEASED Johnny Royal

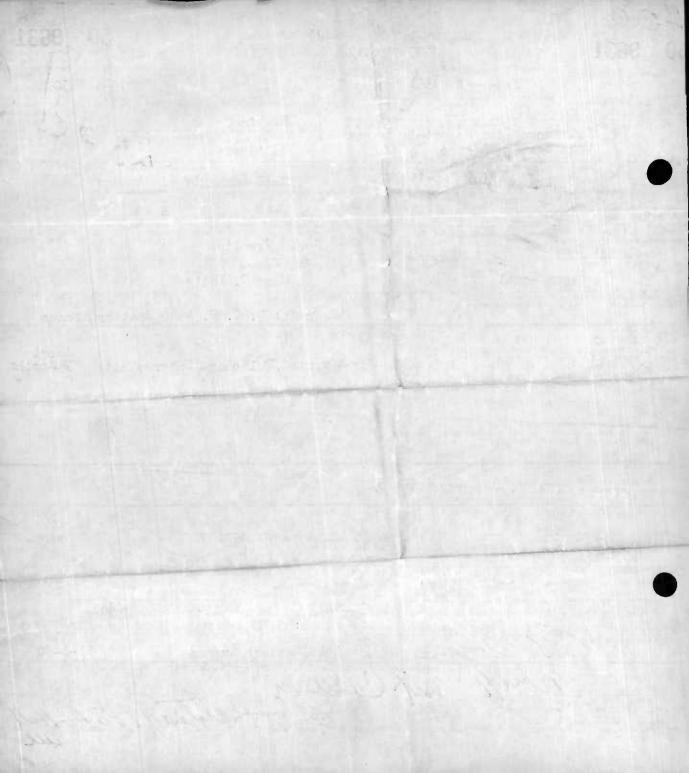
2. DATE NOV. 4, 1950 (Type or Print) 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF Alf not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospitals location) HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give 4940 Eastern Avenue Baltimore D. STREET ADDRESS (If rural, give location) Yrs. 5 Years Mos. 1112 Pennsylvania Avenue c. Leigth of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years If Under 1 Year last birthday) Months Days Hours Min. WEDOWED DIVORCED (Specify) Male Feb. 23, 1922 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY North Carolina Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Roval Mary C. Kelly 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Records: B. C. H. 4940 Eastern Avenue INTERVAL BETWEEN 18.002 X CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY About LEADING TO DEATH
(This does not mean the mode of dying, e.g., Far Advanced Pulmonary Tuberculosis 7 Months heart failure, asthenia, etc. It means the disease, injury or complication which caused death. DUE TO ANTECEDENT CAUSES ERTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ...... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES X 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 2 IF. HOW DID INJURY OCCUR? NOT WHILE 22. I hereby certify that I attended the deceased from 10-24 19 50 to 11-4 , 19 50 that I last saw the 19.50, and that death occurred at 6:45 PM., from the causes and on the date stated above deceased alive on.

23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 4940 Eastern Avenue 11-6-50

24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-

25. FUNERAL DIRECTOR REGISTRAR SIGNATURE ADDRESS

with afor itherest, Al



545

50 9632

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Regis

1. NAME OF DECEASED
(Type or Print)
ABRAM GARFIELD DENLINGER

2. DATE
OF
DEATH

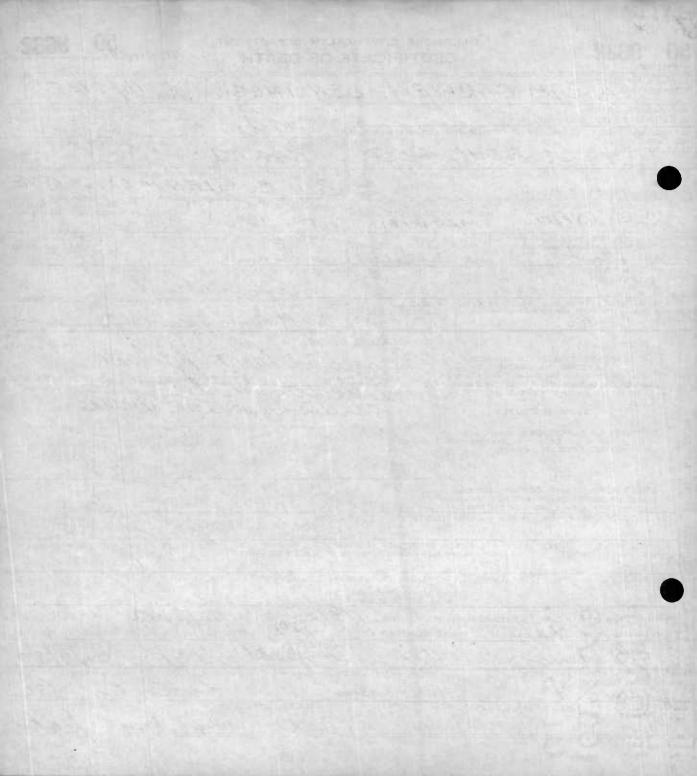
3. PLACE OF DEATH:
A. Baltimore City, Maryland
A. STATE
B. COU

Registered No. 9632

91	KIH NO.								
i. (T	NAME OF D ype or Print)	4BEAM	GAR	FIELD D	ENLING	ER 2. DAT OF DEAT	///	150	
Α.		City, Maryland			A. STATE	NCE (Where decer	ased lived. If in		dence dmission)
H	FULL NAME OSPITAL OR STITUTION			on, give street address or location)	C. CITY OR TOWN	(If outside co	rparatê limite;		
1	1 _5	7. 305	EPH'	s Hosp.	542	70'	61		ownship)
· (	Length of s	tay in Baltimore		Yrs. Mos. Days	3/1/ C.	GLEN	MOR	EA	UE
5.	SEX	6. COLOR OR RAC		MARRIED.	8. DATE OF BIRTH				ides 24 Hours
/	MALE	WHITE	m,	ED, DIVORCED (Specify)  4R (2   E ()	Sept. 29,18	75   last b	irthday)   Mont	hs Days Hou	rs Min.
ork	done during most o	CUPATION (Give kin of working life, even if reti	dof 10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (St	ate or foreign cour	itry) 1:	WHAT CO	
_	ccoun		Hock	Brokerage	lens	ra		454	
13	. FATHER'S N	NAME ?		0	14. MOTHER'S MAIL	DEN NAME	el		
15	. WAS DECEASE	D EVER IN U. S. AR	MED FORCES?	16. SOCIAL	Contraction	-4 6 00	00		
Čes	Ma no or nnknown)	(If yes, give war or o	lates of service)	SECURITY NO. 215-05-0396	Mrs M. De	nlinger	- 3111 Le	DRESS	are
	18. 47	2,1		CAUSE	OF DEATH	0		INTERVAL	
		SE OR CONDITIO	N DIRECTI Y	0	Tila	17 1	11/11/10	ONSET AN	D DEATH
		LEADING TO D	EATH	Conge	isuve rea	M CA	rema		
	heart failu	re, asthenia, etc. It	means the diseas	e,	Lange	20 000			
	injury or	complication whic	h caused death	.) DUE TO W	enco	Juce	1.000		
		ANTECEDENT CA	USES	ca	relev-vas	outar	CELLERA		
5	DISFASE	S OR CONDITION	S IF ANY CIVIN	(B)		*****************	*****************		
	RISE TO T	THE ABOVE CAUSE	(A) STATING TH						
2								40.00	
1		11							***************************************
1	TRIBUTING	GIGNIFICANT CON TO THE DEATH, ENISEASE OR CONDIT	UT NOT RELATE	D					
	-	F OPERATION		FINDINGS OF OPER	ATION			20. AUT	OPSY?
6								YES	NO V
		NT, SUICIDE, (Specify)		CE OF INJURY (e. g., i arm, factory, street, office bldg.,			more City, giv	e exact locat	ion)
	ID. TIME (	(Month) (Day) (Ye	ear) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR	?		
	INJURY			WHILE AT NOT WHILE					
			m.	WORK AT WORK	Klon	. 10	1-		
i	22. I hereb	y certify that I	attended the	deceased from Ily	8/30 19,	to 11/9	\$ 019	that I last	saw the
2	deceased al		5, 19	and that death occur	red at Am.,	from the cause.			
	23A. SIGNAT	ddeus	Sav	uski m. D.	St ADDRESS PA	's 1400	b.	23c. DATE	FIGNED
24	AA. BURIAL.	CREMA- 24B, DAT	5	4c. NAME OF CEMETE	RY OR CREMATORY	240. LOCATION	(City, town, or	county)	(State)
10	ON, REMOVAL (S	2 11/13/	50	Mellinger	0	Lane	raster	5 6	ta_
D	ATE RECEIVE	D BY   REGISTRA	AR'S SIGNATU	RE A	25. FUNERAL DIRE			DDRESS	
LÇ	CAL REGIST	RAR	·		In the same	7 160.1,	/	1 /	01

VS 150

093d



530	
BIRTH NO.	
1. NAME OF DECEASED (Type or Print)	
3. PLACE OF DEATH: A. Baltimore City, Maryla	nd

B. FULL NAME OF HOSPITAL OR INSTITUTION

5. SEX

Male

13. FATHER'S NAME

(Yes, no or unknown)

CERTIFICATION

EDICAL

Σ

DISEASE OR CONDITION LEADING TO I (This does not mean the me heart failure, asthenia, etc. It injury or complication whi

DISEASES OR CONDITION RISE TO THE ABOVE CAUSE UNDERLYING CONDITION

OTHER SIGNIFICANT CO TRIBUTING TO THE DEATH. TO THE DISEASE OR CONDIT 19A. DATE OF OPERATION

21A. EXTERNAL CAUSE WAS UNDERLYING M OR CONTR UTING CAUSE OF DEA

21D. TIME (Month) (Day) (Y vember 1, 1950 22. I certify that I took c the evidence obtained and death in my opin

gth of stay in Baltimor

10A. USUAL OCCUPATION (Giveki workdone during most of working life, even if ret ker - Cler

15. WAS DECEASED EVER IN U. S. A.

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 9633 Registered No.

ECEASED W.	ILLIAM	Α.	SMITH	2. DATE OF DEATH	November 7, 1950		
EATH: City, Maryland OF (If not in hospite	al or institution	n, give street address	A. STATE		lived. If institution : residence NTY before admissio		
		location		(If outside corpor	te limits, write RU AL and gi townshi		
Johns Hopl	kins Hos		Baltimore				
tay in Baltimore		Yrs. Mos. Days	822 S. B		tion)		
6. COLOR OR RACE	7. SINGLE, WIDOWEI	MARRIED, D, DIVORCED (Specification)	B DATE OF BIRTH	9. AGE (In y last hirthd	rears if Under 1 Year if Under 24 Hou day) Months Days Hours Mir		
CUPATION (Give kind of f working life, even if retired)	108. KIND C	OF PUSINESS OR	Baltim	te or foreign country)	12. CITIZEN OF WHAT COUNTRY		
hm R.	Smith	7	14. MOTHER'S MAID	EN NAME X	ove		
D EVER IN U, S. ARMED (If yes, give war or dates W. W. 2	FORCES? of service)	SECURITY NO.	Mrs Dora	Weeks-	ADDRESS 5 M. Kresson/St		
2.5		CAUSE	OF DEATH		INTERVAL BETWE		
LEADING TO DEAT not mean the mode o re, asthenia, etc. It mea							
ANTECEDENT CAUS	ES	Conta	sion of brain				
OR CONDITIONS, IF HE ABOVE CAUSE (A) VING CONDITION LA	STATING THE	DUE TO Sul		hage	(oren		
11		(6)					
IGNIFICANT CONDITO THE DEATH, BUT SEASE OR CONDITION	NOT RELATED	***************************************					
		INDINGS OF OPE	RATION	parte	YES X NO		
AL CAUSE WAS S M OR CONTRIB- AUSE OF DEATH.	218. PLAC	E OF INJURY (e. g., a, factory, street, office bldg Street	,etc.) INJURY OCCUR?	(If in Baltimore 817 S. Broad	City, give exact location)		
Month) (Day) (Year)		E. INJURY OCCURI	RED 21F, HOW DID IN	JURY OCCUR?			
1, 1950 12:	LO Pm. WHI	ORK NOT WHILE	Fell Irom	canope whi.	le erecting sign		
y that I took char			Aut	Autopsy opsy, Inspection or I	nquiry thereon and fro		
dence obtained by ath in my opinion	said Autops resulted fro	sy, Inspection or m: natural cause	Inquiry, find that sa $\square$ accident $\square$ , su	id dcccased died icide □, homicide	on the day stated above $\Box$ , undetermined $\Box$ .		
lin Lawn	4		ASSISTANT MEDI		11-7-50		
REMA- 248. DATE pecify)	on	Nove Cared	Meninae -	Laylor Ch	y, town, or county) _(State		
BY REGISTRAR'S	SIGNATURE	and the state of	25. FUNERAL DIREC	TOR.	ADDRESS		

V S 151 N803.2

23A, SIGNATURE

24A. BURIAL. CREMA-TION REMOVAL (Specify)

unal DATE RECEIVED BY

LOCAL REGISTRAR

Dee Donner File 50-9633 12-15-50 Es

ВІ	50 <sub>No.</sub> 9634	152 BA	Kuche LTIMORE CITY HE CERTIFICATI	AISKI	Th	50 ered No	9634
1. (T	NAME OF DECEASE	oreph 1	uchcen	ki	2. DATE OF DEATH	w. 9,	1950
	PLACE OF DEATH: Baltimore City, M	aryland		4. USUAL RESIDE	NCB (Where deceased li		on: residence efore admission)
HC	FULL NAME OF (I	f not in hospital or institu S HOPKIIS KOSPITA	tion, give street address or location)	c. CITY OF TOWN	(If outside corpora	tedimits, write	turaL and give township)
-	Length of stay in I	The state of the s	50 yrs Mos. Days	D. STREET ADDRE	tortug.	alx	st
5.	ale W1		E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (IV ye last birthde	ears Hunder 1 Years) Months Da	H Under 24 Hours
10 ork	A. USUAL OCCUPATION done during most of working line Laboration	fe, even if retired)	of business or industry as.& Elec.CO	11. BISTHPLACE (S	state or foreign country)		IZEN OF AT COUNTRY?
	FATHER'S NAME	to Puch	rinski	14. MOTHER'S MA	IDEN NAME ?		
15 Yes	s, no or nnknown) (If yes,	IN U.S. ARMED FORCES? give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	TIR VOLUME ROSE	ADDRESS	
RTIFICATION	(This does not me heart failure, asther injury or complication of the heart failure, asther injury or complication of the heart failure, asther injury or complication of the heart failure of the heart failure, as the heart failure of the heart f	II CANT CONDITIONS CO	g., (A) M ise, h.) OUE TO  (B) PRT  ING THE DUE TO	ERIOSCU CERTIFIC William	PEROSIS CATION APPROVED  RASST. MEDICAL EXAMINE	BY	6 H/25.
CE		E OEATH, BUT NOT RELATED R CONDITION CAUSING					), AUTOPSY?
EDICA	21A. ACCIDENT, SU HOMICIDE (Speci				City, give exac		
Σ	ID. TIME (Month)	(Day) (Year) (Hour)	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		INJURY OCCUR?		
	22. I hereby certif deceased alive on 23A. SIGNATURE	by that I attended the	, and that death occur	rred at 7 5 m. 23B. ADDRESS	from the causes and Adolfils HOSPITE	d on the date	9-50
2. TI	4A. BURYAY, CREMA- ON, REMOVAL (Specify) Burial	24B. DATE 11-13-50	24c. NAME OF CEMETE St. Sta		24b. LOCATION (City Balto		(State)
L	ATE RECEIVED BY OCAL REGISTRAR	REGISTRAR'S SIGNAT		25 FUNERAL DIR	EGTOR	ADDR	ess fe Street
	VS 150	13 he a	pproreas	10		09.	4a

balance and a large and tall SHA BOTHERM STEELS The first of the second 10. 5-1.-1/ 1. 10 1. 10 1. 10 1. 10 1. 10 1. 10 1. 10 1. 10 1. 10 1. 10 1. 10 1. 10 1. 10 1. 10 1. 10 1. 10 1. . A. C. A. Della tolera and some

50<sub>1435</sub>9635

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 9635 Registered No

1. (T	NAME OF D	ECEASED Robe	rt Cooe	y		OF NOV.	4, 1950
A.		City, Maryland			4. USUAL RESIDENCE (W		
H	FULL NAME OSPITAL OR ISTITUTION	Baltimore 4940 Easte	CityHHo ern Aven	cion, give street address or spitals location)		outside corporate limi	ts, white FURAL and give township)
G.	Length of s	tay in Baltimore		22 Yrs. Mos.	D. STREET ADDRESS (If No. High S	treet	
	sex	6. COLOR OR RACE	WIDOW	E. MARRIED. VED, DIVORCED (Specify)	Dec. 5 , 1883	9. AGE (In years last birthday) M	onths Days Hours Min.
Ori	OA. USUAL OCCUPATION (Give kind of the done during most of working life, even if zetired)  TAUEN  TA			11. BIRTHPLACE (State or for Pennsylvania		12. CITIZEN OF WHAT COUNTRY?	
	. FATHER'S	Frank			14. MOTHER'S MAIDEN NA Mary Hausern		
l S	. WAS DECEASE , no or unknown)	ED EVER IN U.S. ARMI (If yes, give war or da	ED FORCES? les of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Records BCH 494	O Eastern A	ADDRESS Te.
	18. 58/	1.0		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	(This does heart failu	SE OR CONDITION LEADING TO DE, s not mean the mode are, asthenia, etc. It me complication which	ATH of dying, e.	se, (A)	ac failure		Years
	DISEASE	ANTECEDENT CAL			e Pleural Effusio	n	Years
2	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.				sis of liver	Years	
	TRIBUTING	II SIGNIFICANT CONI G TO THE DEATH, BU	T NOT RELAT	N- ED	9 15 94 <b>41</b> 64		
ן ן		DE OPERATION		FINDINGS OF OPER		20. AUTOPSY?	
	21A. ACCIDE HOMICIDE	ENT. SUICIDE. (Specify)	21B. PL	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	21c. WHERE DID (I to.) INJURY OCCUR?	f in Baltimore City,	give exact location)
	21D. TIME INJURY	(Month) (Day) (Yea	r) (Hour) m.	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID INJURY	OCCUR?	
	22. I hereb		ttended the	deceased from 10- and that death occur	16 1950, to red at 10 PMm., from th	11-4 , 19 5 he causes and on t	O, that I last saw the the date stated above.
	23A. SIGNA	TURE OS. C	Loger	2	38. ADDRESS 4940 Eastern Ave.		11-10-50
24	AA. BURIAL.	CREMA- 24B. DATE	11-50	24c. NAME OF CEMETE	CAME 24D. LC	Balte	n, or county) (State)
	ATE RECEIVE DCAL REGIST	RAR	R'S SIGNATU	JRE Variettini	25 FUNERAL DIRECTOR	4030	ADDRESS WOLF ST
	VS 150			77061	10	/	246

(1) . PAR en term out out of parallel and the first Bethe De Brief 21-11-80 Jur Comme Lilly Lite year the will

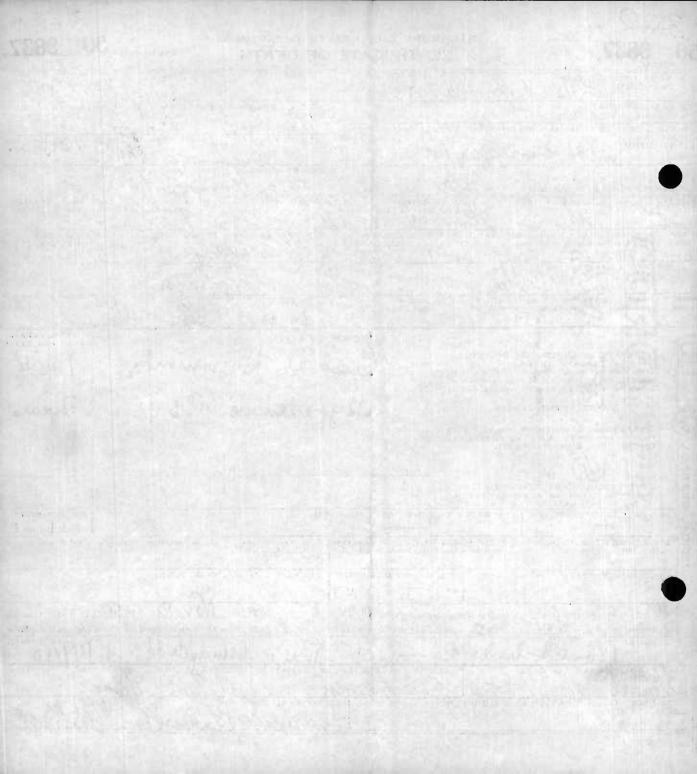
0 9636		CERTIFICAT			อบ 9636 №
BIRTH NO.		OLIVIII IOATI	L OI BEATT		
I. NAME OF DECEAS (Type or Print)		Newman Numsen		2. DATE OF DEATH NOV-	9-1950
3. PLACE OF DEATH:			4. USUAL RESIDEN	ICE (Where deceased lived. I	
B. FULL NAME OF	Maryland 2000 Co	old Spring Lane itution, give street address or	Maryland	B. COUNTY Baltimore	before admission)
HOSPITAL OR INSTITUTION	- A 77	location)	c. CITY OR TOWN	(If outside corpora e li	ts, write RUNAL and give
00	at Home		Baltimore		township)
		Yrs. Mos.	D. STREET ADDRES	(If rural, give location)	
c. Length of stay in		Lfe Days		old Spring Lane	
5. SEX 6.CO		GLE, MARRIED, OWED, DIVORCED (Specify)	8. DATE OF BIRTH	last birthday) M	onths: Days Hours: Min.
		rried	January-7-18	82   68 years	
10A. USUAL OCCUPAT work done during most of workin	"ION (Give kind of IOB. K	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (St	ate or foreign country)	12. CITIZEN OF
Retired	CLEAN GOV	ernment Employee	Baltimore,	Maryland	U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIL	DEN NAME	
	George	N. Numsen	Grace A. Ne	wman	
15. WAS DECEASED EVER	R IN U. S. ARMED FORCES	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	ld War #1	None	Mrs. Margaret	E. Numsen (wife	) Balto, Md.
18.420.1			OF DEATH		INTERVAL BETWEEN
/ /	CONDITION DIRECT				ONSET AND DEATH
(This does not m	ING TO DEATH ean the mode of dying,	es (a) tons	mary So	clerosis 4	Several
heart failure, asth	enia, etc. It means the dis cation which caused de	92898	celiese	•	weeks
		(atil.) 002 10	cusi	on	
ANTEC	CEDENT CAUSES	140	perfens	in Carde	- 00.
DISEASES OR C	ONDITIONS, IF ANY, G.	VING	vasene	in Cardio ar Diseas webraf Hrom	work
UNDERLYING C	OVE CAUSE (A) STATING	THE DUE TO	The fer	elu. O Han	2 gen
<u>U</u>		(C)	7		v noe
Ë _	11				
OTHER SIGNIF	CANT CONDITIONS	CON-			
TO THE DISEASE	OR CONDITION CAUSIN	G IT.			
19A. DATE OF OPE	RATION 198. MAJ	OR FINDINGS OF OPER	RATION		20. AUTOPSY?
V ACCIDENT		PLACE OF INJURY (e.g., i	n or   21c. WHERE DIE	O (If in Baltimore City,	YES NO L
21a. ACCIDENT W LYING OR CON' CAUSE OF DEATH	TRIBUTING   about he	me, farm, factory, street, office bldg.,		?	give exact location)
21D. TIME (Month)	(Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID I	NJURY OCCUR?	
INJURY	m	WHILE AT NOT WHILE			
22 I hereby cent			103/	to how 9 195	D that I last says the
deceased alive on	#1/8/ 10 CT	and that death or our	red at 5 30Pm	to hev. 9, , 195 from the causes and on	the date stated above
23A. SIGNATURE	, 100	2. and that acute of a	3B. ADDRESS _	Tone the deaded and on t	23c. DATE SIGNED
1 Th	roder N. ;	morrison M. D.	116.00	hase St	11/10/50.
24A. BURIAL, CREMA- TION, REMOVAL (Specify)			RY OR CREMATORY	24D. LOCATION (City, town	
Burial	November-11-	50. Druid Ridge	Cemetery	Pikesville, Ma	rvland.
DATE RECEIVED BY	REGISTRAR'S SIGNA		25. FUNERAL DIREC	CTOR	ADDRESS
LOCAL REGISTRAR	and the state of t	Misula & S	ewart & Mowen	Co 108 W. No.	th Avenue

093d City #1.

content and front to the content of the content of the content of

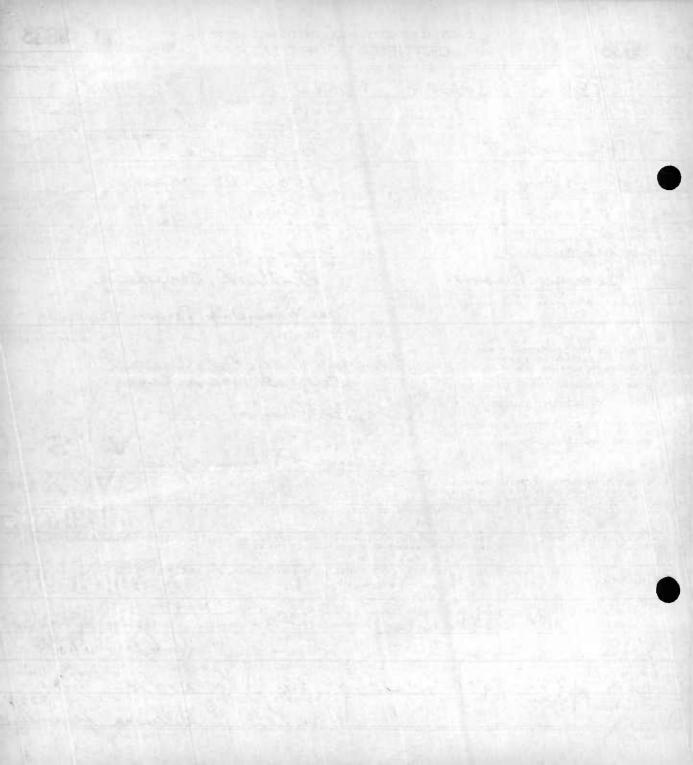
BALTIMORE CITY HEALTH DEPARTMENT Registered NOU 9637 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE V.W. Lathe OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE Where deceased lived Af institution ; residence B. COUNTY A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location' C. CITY OR TOWN Alfoutside corporate limits, Fite RURAL and give INSTITUTION Yrs. D. STREET ADDRESS Mos. amapolis c. Length of stay in Baltimore Days 7. SINGUE, MARRIED, WIDSWED, DIVORCED (Specify) 6. COLOR OR RACE 9. AGE (In years) It Under 1 Year If Under 24 Hours (hday) Months Days Hours! Min. larries 10A. UŞUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR ACE (State of foreign country) 12. CITIZEN OF work doneduring most of working life, even if retired) INDUSTRY Touseurge 13. FATHER'S NAME 14. MOTHER'S MAIDEN 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no ar unknown) (If yes, give war of dates of service) 16. SOCIAL SECURITY NO. NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICAL NO. 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Bultimore City, give exact location) (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) FINJURY WHILE AT WORK 1950 that I last saw the 22. I hereby certify that I attended the deceased from NOV 1950 ... and that death occurred at VY deceased alive on 1950 m., from the causes and on the date stated above. ATE SIGNED 23A. SIGNATURE 238. ADDRESS 249. NAME OF CENETERY OR CREMATORY илиа DATE RECEIVED BY FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR

NOV 1 01950



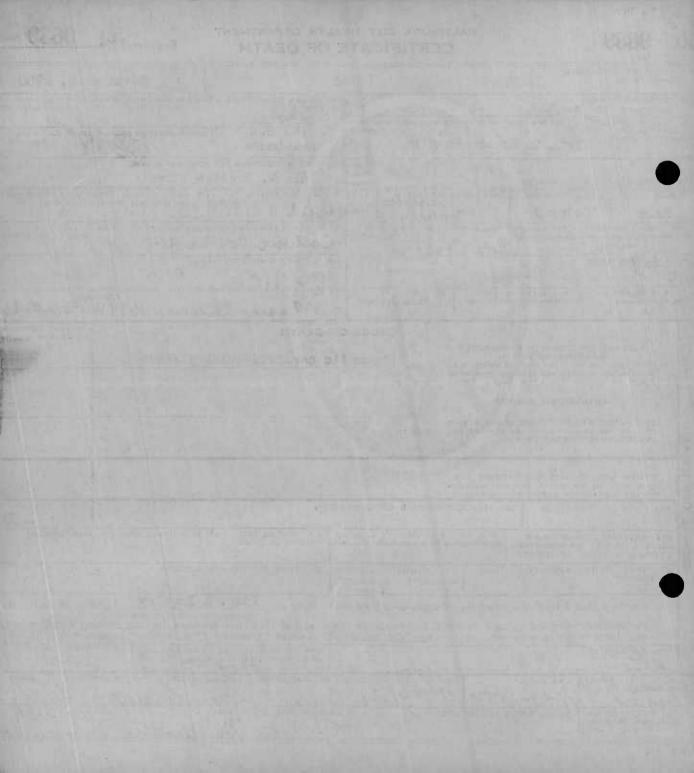
BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) ERSON, JOSEPH FLOYD OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION (If rural, give location) Yrs. D. STREET ADDRESS Mos. ngth of stay in Baltimore ockes Days 7. SINGLE MARRIED WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 9. AGE (In years) If Under 1 Year last birthday) Months: Days Hours: Min. 10A. USUAL OCCUPATION (Give kind of BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY RITIME 13. FATHER'S JAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. con 1502 mocher INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CA 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) ۵ HOMICIDE (Specify) about home, farm, factory, street, office hidg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE 35, 1950 to 22. I hereby certify that I attended the deceased from\_ , 195Qthat I last saw the , and that death occurred at 113 deceased alive on\_ A.m., from the causes and on the date stated above. 23 A SIGNATURE 23B. ADDRESS 23c. DATE SIGNED BURIAL, CREMA-24B DATE 24c. NAME OF CEMETERY OCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR INV 1 DIDEC VS 150

940 55



## BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	CERTIFICAT	E OF DEATH	Registered No.
1. NAME OF DECEASED	OMAS CHA	SE	2. DATE OF November 8, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland		A. STATE	DEATH ere deccased lived, If institution: residence B. COUNTY before admission)
HOSPITAL OR	pital or institution, give street address o location Square Hospital		utside corpo a c limits, vrit CRAL and give township)
Alaceda i Divi	Yrs. Mos.	D. STREET ADDRESS (If re 1614 W. Fayette	
5. SEX 6. COLOR OR RAC		8. DATE OF BIRTH	9. AGE (In years   M Under I Year   M Under 24 Hours   last birthday)   Months; Days   Hours   Min.
Male Colored  10A. USUAL OCCUPATION (Give king)	married	West 11, 1878	52
work done during most of working life, even if retir	CONSTRUCTON	Carret co.	nd" WHAT COUNTRY?
Thomas Jd. Cl	ase.	14. MOTHER'S MAIDEN NAM	P
15. WAS DECEASED EVER IN U. S. ARM (Yes, no or anknown) (If yes, give war or d	MED FORCES?   16. SOCIAL	17. INFORMANT	ase. 1614 W. Farsette St.
DISEASE OR CONDITION LEADING TO DI (This does not mean the mod heart failure, asthenia, etc. It r injury or complication which ANTECEDENT CA  DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE ( UNDERLYING CONDITION UNDERLYING CONDITION TO THE DISEASE OR CON	e of dying, e.g., neans the disease, near the	atic cardiovascular	disease onset and death
	JT NOT RELATED		
19a. DATE OF OPERATION	198. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
21A. EXTERNAL CAUSE WAS UNDERLYING   OR CONTRI UTING   CAUSE OF DEAT			in Baltimore City, give exact location)
Z 21D. TIME (Month) (Day) (Yes	Br) (Hour)   21E. INJURY OCCURF WHILE AT NOT WHILE M. WORK AT WORK		OCCUR?
the evidence obtained t	arge of the remains described by said Autopsy, Inspection or	above, held an Insp. &  Autopsy, In  Inquiry, find that said dec	Inquiry spection or Inquiry eased died on the day stated above, , homicide , undetermined .
Stanley 8.1		238, CHIEF MEDICAL EX ASSISTANT MEDICAL EX A.D. MEDICAL INVESTIGATO	AMINER
24A. BURIAL. CREMA 24B. DATE ON REMOVAL (Specify)	1950 Mr. Zion	Cem. Lan	Salosusus (State)
DATE RECEIVED BY REGISTRA	R'S SIGNATURE	My Katu Rul	Iliams Schange St
V S 151	970.	24	093 cV



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Jelores oone DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate imits, write RULAL and give C. CITY OR TOWN INSTITUTION 0 (If rural, give location) Yrs. D. STREET ADDRESS Mos. c. Length of stay in Baltimore - / M. 5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED AGE (In years) If Under 1 Year WIDOWED DIVORCED (Specify) last birthday) | Months | Days | Hours | Min. mace 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL INFORMANT ADDRESS (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which eaused death.) DUF TO ANTECEDENT CAUSES Pulmonary tuberculosis (over RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) EDI HOMICIDE about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Σ 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY NOT WHILE! WHILE AT AT WORK WORK 22. I hereby certify that I attended the deceased from Oct. 27, 1950, to 77, 1950, that I last saw the deceased alive on 1950, and that death occurred at 10 f.m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-24B, DATE 24b. LOCATION (O DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR war or middle NOV 1 01950

VS 150

See Document File 50- 9640 2/28/51 ES

## BALTIMORE CITY HEALTH DEPARTMENT

Registered No CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE (Type or Print) OF RAXCES DAMBROWSKI DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corp rate limit RURAL and give INSTITUTION Doctors Hospita township) Yrs. (If rural, give location) Mos. Milton Aves c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years | It Under 1 Year | I Under 24 Hours last birthday) | Months: Days | Hours: Min. It Under 1 Year WIDOWED, DIVORCED (Specify) Nidow. 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY U5A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL SON-IN- INW ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION EDICAL NO 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Σ 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) INJURY WHILF AT WORK AT WORK 19 that I last saw the 22. I hereby certify that I attended the deceased from. 19 1950

deceased alive on

23A. SIGNATURE

TION. REMOVAL (Specify) BURIAL

DATE RECEIVED BY

LOCAL REGISTRAR

24A. BURIAL, CREMA-

and that death occurred at.

from the causes and on the date stated above

23c. DATE SIGNED 11/10/50 (State)

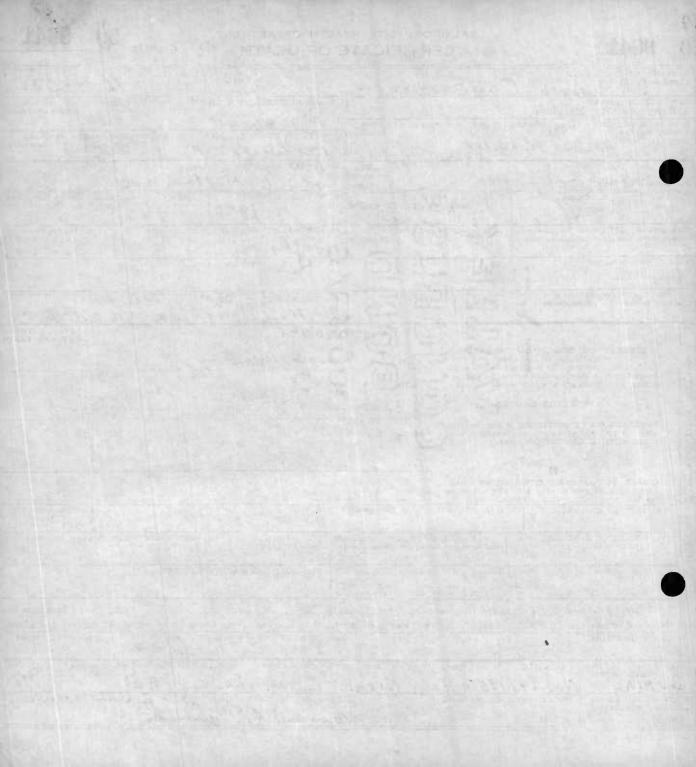
24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)

m ..

10848

23B. ADDRESS

REGISTRAR'S SIGNATURE will and the



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE DEATH November 8, 1950 GEORGE. F.H. Sauer-ile 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Marvland HOSPITAL OR location) (If outside corpo at limits, write RURAL and give C. CITY OR TOWN INSTITUTION Baltimore City Hospital township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. gth of stay in Baltimore 3207 Dillan Street Davs 5. SEX 6. COLOR OF RACE 9. AGE (In years | Monder 1 Year | Hours | Min. 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Male White June 17.1879 Married 10A. USUAL OCCUPATION (Givekind of) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Penna R.R. Baltimore Retired MACHINIII 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary E. Charles 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Catherine A. Sauer 3207 Dillon St. INTERVAL BETWEEN 18. 420,1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic cardiovascular disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Coronary sclerosis with occlusion DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c) Myocardial infarct OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES X NO X 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIB-UTING | CAUSE OF DEATH. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY WHILE AT WORK AT WORK thereon and from

ERTIFICATION

U

Insp. & Inquiry 22. I certify that I took charge of the remains described above, held an . Autopsy, Inspection or Inquiry

the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes A, accident \( \subseteq \), suicide \( \subseteq \), homicide \( \subseteq \), undetermined \( \subseteq \). 23A. SIGNATURE 238, CHIEF MEDICAL EXAMINER..... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER .... 11-9-50

124C. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE

Oak Lawn

24D. LOCATION (City, town, or county) Baltimore

MEDICAL INVESTIGATOR ...

Burial Nov.13,1950 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR V S 151

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH A. Baltimore City, Maryland A. STATE (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location C. CITY OR TOW Yrs.

WIDOWED, DIVORCED (Specify)

16. SOCIAL

DUE TO

SECURITY NO

7, SINGLE, MARRIED

sexale

USUAL RESIDENCE (Where deceased lived, If institution; residence . COUNTY before admission) outside corporate limits, write RURAL, and (If rural, give location) D. STREET ADDRESS

I II Under 24 Hours

20. AUTOPSYT

AGE (in years If Under 1 Year last birthday) Months Days Hours Min. BIRTHPLACE (State or foreign country) 12. CITIZEN OF

WHAT COUNTRY?

INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH

DUE TO

Mos.

Days

INDUSTR

198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION

c. Length of stay in Baltimore

ATHER'S NAME

(Yes, no or unknown)

18.

EDICA

6. COLOR OR RACE

Yes, no or unknown) (If yes, give war or dates of service)

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

UNDERLYING CONDITION LAST.

NOA. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OF Work done during more of working life, even if retired)

(If in Baltimore City, give exact location) 21A. ACCIDENT. SUICIDE, 21c. WHERE DID

218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) (Specify) INJURY OCCUR? HOMICIDE

D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WHILE AT

Wolmbak 1950, that I last saw the , 1950, to 22. I hereby certify that I attended the deceased from 1950. and that death occurred at Q 20 deceased alive on INV. \_m., from the causes and on the date stated above. 23B. ADDRES

23C. DATE SIGNED 23A. SIGNATURE

24A SPRIAL CREMA-TION LENOVAL (Specify) 24C. NAME OF CEMETERY OR CHEMATOR (City, town, or county) 24B. DATE

ark

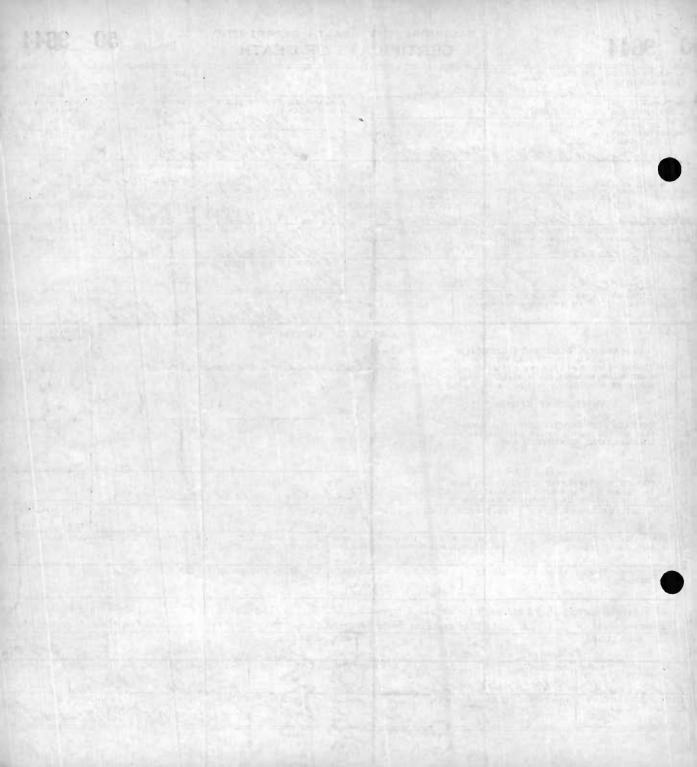
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 KUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR 5305

VS 150

Dr. White

# BALTIMORE CITY HEALTH DEPARTMENT

J	3644 IRTH NO.			CERTIFICAT	TE OF DEATH	- Registered %	8 0044
	NAME OF DECEAS	ED A				2. DATE	
	Tuno or Print)	ares M	- BO	and		OF DEATH	9-50
3	. PLACE OF DEATH!	1				NCE (Where deceased lived, If i	
	. Baltimore City, M		1 1- 4/4 4		A. STATEMA	B. COUNTY	before admission)
	FULL NAME OF (	(If not in nospita	or instituti	on, give street address location		(If outside corporate limits	write RUPAL and sine
11	NSTITUTION	ton	TV	1-1-1	130	00	township)
-	XIII	Centino	1000	perac Yrs	D. STREET ADDRE	(If rural, give location)/	200
	anath of star in	D-14*	(/	Mos		1 1	10 1
	. Length of stay in 6.COL	OR OR RACE	7 SINGLE	Day Day		20/354-14yo	Under 1 Year   If Binder 24 Hours
2	1 3.00	T. A		ED, DIVORCED (Special	8. DATE OF BIRTH		Under 1 Year If Under 24 Hours aths Days Hours Min.
4	emale w	Tule	ma	crued	1/1ay 27-1	884 66	
or	DA. USUAL OCCUPAT	ION (Give kind of life, even if retired)	108. KIND	OF BUSINESS OR INDUSTR		tate of foreign country)	12. CITIZEN OF WHAT COUNTRY
	at hor	ne !			Maltin	uso ma	William Cooking
1:	S. FATHER'S NAME	1	)	/	T4. MOTHER'S MAI	DEN NAME	
	Thenk	7	rank	6	mary	Frahm	
15	5. WAS DECEASED EVER	IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT	1101010	DDRESS
(Ye	es no of unknown) (If ye	s, give war of dates	of service)	SECURITY NO.	m. //26/	1 ma 60.	DRESS
1					VIVO VIIII	yer Markeand	same
1	1B. 42011			CAUSE	OF DEATH		ONSET AND DEATH
	DISEASE OR	CONDITION					
	(This does not me	ING TO DEAT		(A) acut	e museendial	Linferation	
	heart failure, asthe			e,	1		
				.,	0	0	
7	ANTEC	CEDENT CAUS	ES				
ATION	DISEASES OR C	ONDITIONS, II	ANY, GIVIN	(B)	••••••	***************************************	*****
E	RISE TO THE ABO	ONDITION LA	STATING TH	E DUE TO			
FICA		ONDITION EA					
	The state of the s	11		(C)			
RA	OTHER SIGNIFI		TIONS CON				
Ш	TRIBUTING TO TH				Cabetes m	elletus	
,	19A. DATE OF OPE			FINDINGS OF OPE			20. AUTOPSY?
¥		0					YES NO
200	21A. ACCIDENT. SU			CE OF INJURY (e. g.			ive exact location)
III	HOMICIDE (Spec	elfy)	about home, la	arm, factory, street, office bld	injury occur	₹?	
Σ	21D. TIME (Month)	(Day) (Year)	(Hour) 1	21E. INJURY OCCUR	RED 21F. HOW DID	INJURY OCCUR?	
	FINJURY	(===, (====,		WHILE AT NOT WHILE			
			m.	WORK AT WORL			
	22. I hereby certi				11-8 ,1950	, to 1 9 , 1953	that I last saw the
	deceased alive on.	11-9	, 19 50,	and that death occ	urred at 700 m.,	from the causes and on th	e date stated above.
	23A. SIGNATURE		On 1	2	23B. ADDRESS	1/	23c. DATE SIGNED
	*	rome	The	er M.D.	Luther	ue Hoep.	11-4-50
2	ON REMOVAL (Specify)	248. DATE	1 2	4c. NAME OF CEMET	TERY OF CREMATORY	24D. LOCATION (City, town,	or county) (State)
11	During	11/13/	50	1 mbin	and .	42018 M	d
	ATE RECEIVED BY	REGISTRAR	SIGNATU	RÉ	25. PUNERAL DIRE	CTOR	ADDRESS 1
L	OCAL REGISTRAR	and the second	Em W/11	J. 16 14	X LAX	6 5305 1	toutal &
	ו מכבות דאחא	The Paris	JAN PROPERTY	CALLED INC.	1. 4. Julia	1	way
	VS 150	- 0		E THE PLANT	//		
							061.0



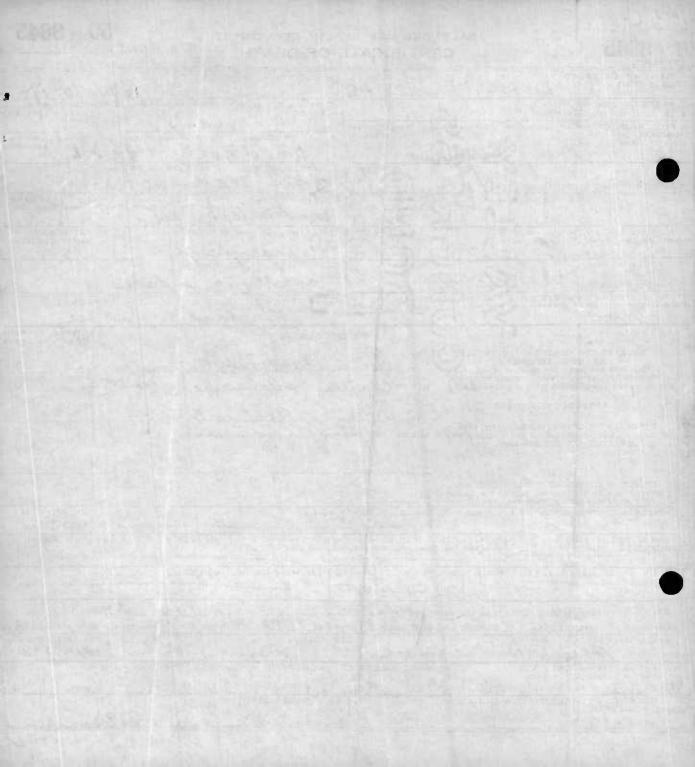
630 0 9645 BIRTH NO.			ORE CITY HEALTH DEPARTMENT OF DEATH	
1. NAME OF DECEASED (Type or Print)	LILLIE	m.	SEWARD	2. DATE OF DEATH NO
3. PLACE OF DEATH: A. Baltimore City, Mar	yland	SIA	4. USUAL RESIDE	NCE (Where deceased lived, If

	50	g	645	
Registere	d No.		70-30	-
OF DEATH	lov.	10-	1959	=
B COUNTY	. II institi	before	esidence admission	-
le corporate li	mits, Avrig	PIT	Al and giv ownship	(2)
give location	Ra			
GE (In years	If Under I	Year   I	f Under 24 Hours	3

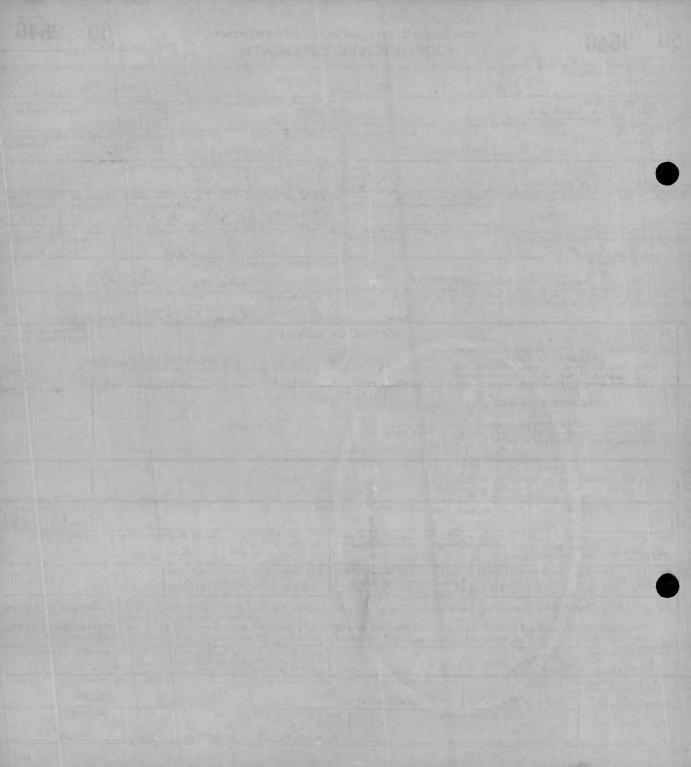
	DEATH							
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission							
B. FULL NAME OF (If not in hospital or institution, give street address or	MARYLAND							
HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RUIA), and gi							
Mery Hospilal	DALTIMORE 18							
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)							
c. Length of stay in Baltimore Days	3504 NEWLAND Ka							
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years of Under I Year Months Days Hours Mi							
10A. USUAL OCCUPATION (Givekindof, 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTR							
13. FATHER'S NAME	14. MOTHER'S MAINEN NAME							
Thomas H. Mitchell	Sally Windrow							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS							
no	Durband same							
18. 422.1 . CAUSE	OF DEATH INTERVAL BETWE							
DISEASE OR CONDITION DIRECTLY								
	cular Febrillation &							
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO Charlie Usutuicular Controlling							
ANTECEDENT CAUSES	ANTECEDENT CALIFE							
(B) arterio sclerotece Cardio -								
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	ecular disease							
UNDERLYING CONDITION LAST.								
<u>L</u>								
OTHER SIGNIFICANT CONDITIONS CON-								
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	ATION   20. AUTOPSY?							
< none	YES NO							
21a. ACCIDENT. SUICIDE. HOMICIDE (Specify)  21b. PLACE OF INJURY (e. g., in about home, farm, factory, atreet, office bidg., e								
D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRI	ED 21F. HOW DID INJURY OCCUR?							
m. WHILE AT NOT WHILE								
	0							
22. I hereby certify that I attended the deceased from Mer	1. 9 , 1950, to Nov 10 , 1950, that I last saw t							
	rred at 1.453m., from the causes and on the date stated about 1.23c. DATE SIGNE							
Philip W. Heremore. D.	Junia Hoof koo/10/50							
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	RY OR CREMATORY 246. LOCATION (City, town, or county) (State							
Dunal 11-12-50 Greenla	une Monchester Loo D.							
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS							

it opportilliansant

NOV 1 0 1950

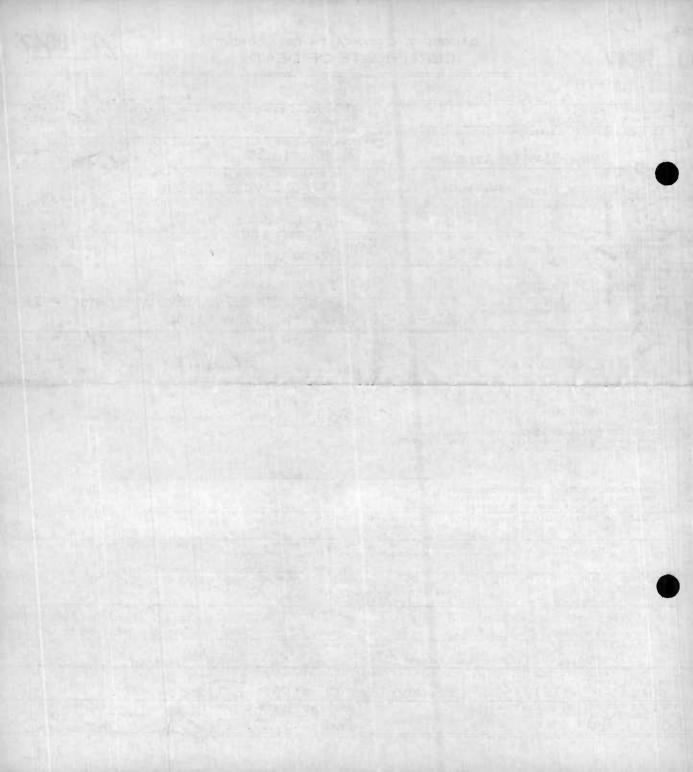


9646 BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) JOHN WILLIAMS November 9, 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Marvland B. FULL NAME OF of not in hospital or institution, give street address or Baltimore HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) Johns Hopkins Hospital Cockeysville Yrs. D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore Days 5. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year last birthday) Months: Days Hours! Min. Male White 10A. USUAL OCCUPATION (Givekindof) IOB, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTR 13. FATHER'S NAME hur S. Williams, Br. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMAN (Yes, no or nnknown) SECURITY NO. Thomas CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A) Crushing injury of abdomen with rupture heart failure, asthenia, etc. It means the disease, xxxxx of spleen with intraperitoneal injury or complication which caused death.) hemorrhage ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION NO X 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING I OR CONTRIB-Farm Cockeysville, Maryland 2 IF. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WHILE 11:00 A 1950 Run over by manure spreader WORK 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes  $\square$ , accident  $\square$ , suicide  $\square$ , homicide  $\square$ , undetermined  $\square$ , 23B. CHIEF MEDICAL EXAMINER ..... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER .... Nov. 9. 1950 MEDICAL INVESTIGATOR ... 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR LOCAL REGISTRAR V S 151



-630

			BALTIMORE CITY HE	ALTH DEPARTMENT		211 427
91	RTH 9847	7	CERTIFICATE		Registered ?	No
	NAME OF D	ECEASED			2. DATE	
	ype or Print)		BARA WIRTH		OF NOV	. 8, 1950
Ă.		City, Maryland		4. USUAL RESIDENCE (A. STATE	Where deceased lived. If B. COUNTY	f institution: residence before admission)
	FULL NAME O	OF (If not in hospit	al or institution, give street address or location)			
	STITUTION	2746 Tivol;		Baltimore (	if outside corposate limi	ts, write RURAL and give township)
		tay in Baltimore	Yrs. 从从 yrs Mos. Days	D. STREET ADDRESS (I 2746 Tivoly		
	sex F	6.COLOR OR RACE	7. SINGLE, MARRIED. WIDOWED DIVORCED (Specify) Married	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year onthis Days Hours Min.
		CUPATION (Give kind of f working life, even if retired)		11. BIRTHPLACE (State or Germany	foreign country)	12. CITIZEN OF WHAT COUNTRY
3	. FATHER'S N			14. MOTHER'S MAIDEN !	NAME	0.021
		Wiessinger	r	?	VPI II II	
1 5 ( e	. WAS DECEASE s, no or unknown) NO	D EVER IN U. S. ARMED (If yes, give war or duted	16. SOCIAL 216-03-7474	17. INFORMANT 274 B Mr. William	⊮6 Tivoly A; Wirth	Kerrys - 18
	18. 421	. 1	CALISE	OF DEATH		INTERVAL BETWEEN
	1000	1	1	OF BEATH	, ,	ONSET AND DEATH
		E OR CONDITION LEADING TO DEAT	TH / / · ·	There	melones	
8	(This does	not mean the mode of	of dying, e.g., (A)	oray !		
	injury or	re, asthenia, etc. It mea complication which o	ns the disease, eaused death.) DUE TO			
d			1	. 10	/	2
d		ANTECEDENT CAUS	ES	erse Caveleo	Carular 1	mence
5	DISEASES	S OR CONDITIONS, I	E ANY GIVING		***************************************	
1	RISE TO T	HE ABOVE CAUSE (A)	STATING THE DUE TO			
	UNDERLY	ING CONDITION LA	ST.			
			(6)			
		- 11	(0)			
		IGNIFICANT CONDI				
5	TO THE DI	ISEASE OR CONDITION	CAUSING IT.			
	19A. DATE O	F OPERATION 0 1	98. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
						YES NO
	HOMICIDE	(Specify)	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office hidg., e		(If in Baltimore City,	give exact location)
	P. TIME (	Month) (Day) (Year)	(Hour)   21E. INJURY OCCURRE	ED 21F. HOW DID INJUR	RY OCCUR?	
	INJURY		m. WHILE AT NOT WHILE		1	
ı	22. I horoha	u contifu that I att	ended the deceased from A	or 8 , 1950to	hor 8 191	that I last saw the
3		ve onker 8	. 1950, and that death occur	A 2 100		he date stated above
	23A. SIGNAT		,	3B. ADDRESS	the causes and on t	23c. DATE SIGNED
	T	when &	Jacurelys. D.	2711 car	tes (ne	11/10/50
24	A. BURIAL, C	REMA- 24B. DATE	24c. NAME OF CEMETER	RY OR OREMATORY 24D.	LOCATION (City, town	, or county) (State)
10	burial	וערון ון	50 Meadowridge	Cemetery Bal	timore, Md	
0/	ATE RECEIVED	D BY   REGISTRAR'	S SIGNATURE			ADDRESS
	CAL REGIST		The state of the s	HENRY SANDER 3 BALTO., MD. 13	sons, INC	Landen
	VS 150			1 6	18	1
	70 100				1	0930



## DEPARTMENT

Registered N CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Meson DEATH 11-11-10 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY. before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RUDAL and give INSTITUTION township) If rural, give location Yrs. D. STREET ADDRESS Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE AGE (In year: il Under 1 Year If Under 24 Hours last birthday) Months Days WIDOWED, DIVORCED (Specify) Hours: Min. 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER N U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) ADDRESS SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICAL NO L 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, fazzp, factory, street, office bldg., etc.) HOMICIDE Specify) INJURY CECUR? D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE ATT SLINGT WHILE! WORK , 19 that I last saw the 22. I hereby certify that I attended the deceased from 10-10 190 to 11-19 deceased alive on\_1/-19 M.m., from the causes and on the date stated above. . 19 and that death occurred at 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 1120250 uen une 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24B. DATE TION REMOVAL (Specify)

25. FUNERAL DIRECTOR

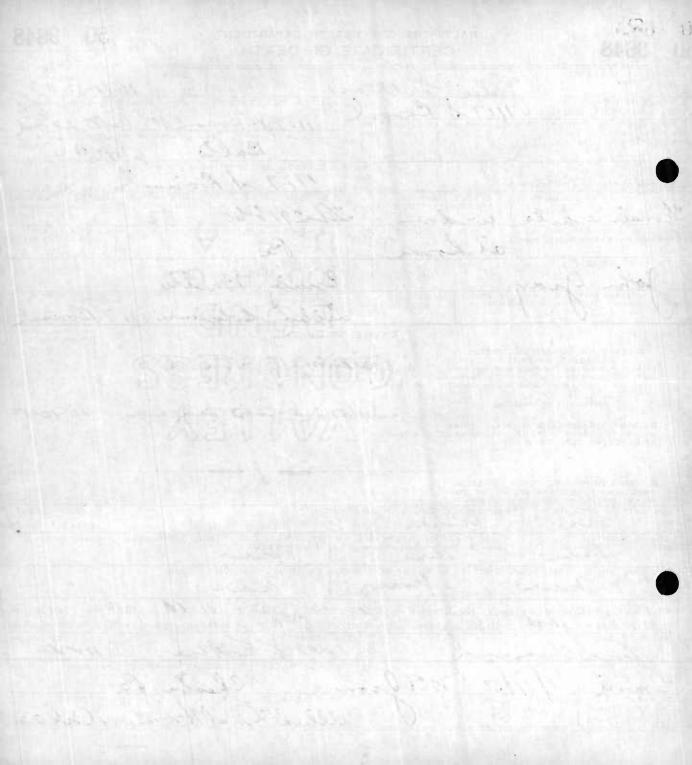
VS 150

angra DATE RECEIVED BY

LOCAL REGISTRAN

REGISTRAR'S SIGNATURE

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Mr. Carroll Frederick Tolson, DEATH NOV. 10, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or Maryland Baltimore HOSPITAL OR location) c. CITY OR TOWN (If outside corporate limits, write RURAL and give The Union Memorial Hospital Baltimore 9Yrs. D. STREET ADDRESS (If rural, give location) Mos. Street c. Leigth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years | If Under | Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. SCDT 27, 1901 Marrica 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF ork dooe during most of working life, even if retired) INDUSTRY Baltimore, Maryland
14. MOTHER'S MAIDEN NAME Broker 13. FATHER'S NAME Ashby Katherine trederick 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (If yes, give war or dates of service) SECURITY NO. World War I. 40

Bronchopneumonia

DUE TO Massive gastro-intestind hemore hage from ruptured varices

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

WHAT COUNTRY?

U.S.A

9649

before admission)

If Under 24 Hours

injury or complication which caused death.) ANTECEDENT CAUSES

OTHER SIGNIFICANT CONDITIONS CON-

TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,

DISEASES OR CONDITIONS, IF ANY, GIVING

RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) of Cardia of Stomach (c) Laennec's Cirrhosis of the liver

198. MAJOR FINDINGS OF OPERATION

iabetes Mellitus

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

19A. DATE OF OPERATION

218. PLACE OF INJURY (e. g., io or about home, farm, factory, street, office bldg., etc.)

21E. INJURY OCCURRED

NOT WHILE!

21F. HOW DID INJURY OCCUR?

21c. WHERE DID

INJURY OCCUR?

250 FUNERAL DIRECTOR

22. I hereby certify that I attended the deceased from Nov. 7 , 1950 to NOV 10 , 19 50 that I last saw the deceased alive on NOV.10, 1950, and that death occurred at 6:19 Pm., from the causes and on the date stated above.

23A. SIGNATURE 23B. ADDRESSION MEMORIA! NOSPI 23C. DATE SIGNED

24A. BURIAL CREMA-TION REMOVAL (Specify) 248. DATE

21D. TIME (Month) (Day) (Year) (Hour)

Baltimore, 8. Maryland 24C. NAME OF CEMETERY OR CREMATORY 24Da LOCATION (City, town, or county)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE while for I'manile Me

29063

ADDRESS

VS 150

INJURY

18.

(If in Baltimore City, give exact location)

CARRY TO THE REPORT OF THE PERSON OF THE PERSON

9650

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE OF HENRIETTA BURKHART DEATH DEATH NOV. 10, 1950
4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or Md. altemere B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN Ardleigh Nursing Home (If outside corporate limits, write RURAL and give INSTITUTION townshin) 2075 Rockrose Ave. Lochearn Yrs. D. STREET ADDRESS (If rural, give location) Mos. 3723 Oak Ave. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH If Under 1 Year Il Under 24 Hours 9. AGE (In years last birthday) Months: Days Hours: Min. Dec. 9, 1857 92
11. BIRTHPLACE (State or foreign country) female widowed 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? housewife at home Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jacob Davis Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yea, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. no Mr. Charles L. Burkhart - 3723 Oak Ave. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY mitral Insufficing (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE v. Interstitual Rephilis UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If In Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) INJURY , 1947 to Nov 10 22. I hereby certify that I attended the deceased from Mar 6-\_, 1960that I last saw the deceased alive on Nov 9, 1950, and that death occurred at 350 urred at 350 m., from the eauses and on the date stated above. 23A. SIGNATURE 1663W arel 24c. NAME OF CEMETERY OR CREMATORY | 24c. LOCATION (City, town, or county) 24A. BURIAL, CREMA-24B, DATE TION. REMOVAL (Specify) Burial Loudon Park Com. 11/13/50

ADDRESS

25 FUNERAL DIRECTOR . DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR white or illumination the

VS 150

FOR STATE OF . The committee of the The state of the second of seconds and and seem meaning the world to the terms 

## BALTIMORE CITY HEALTH DEPARTMENT

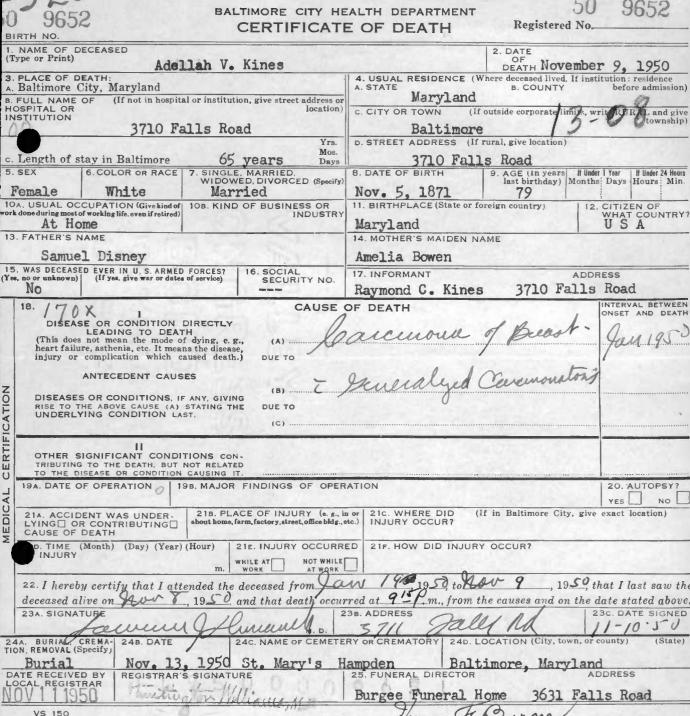
Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased fived If institution; residence A. Baltimore City, Maryland ZSA A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (In years) WIDOWED DIVORCED (Specify) last birthday) Months; Days Hours; Min. idowed 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Housework Z1. S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yee, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. cone 18. 442 X CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) (Specify) HOMICIDE about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE . 1950, that I last saw the 22. I hereby certify that I attended the deceased from. . 1952, and that death occurred at 7:40 P.m., from the causes and on the date stated above. deceased alive on 23B. ADDRESS 23c. DATE SIGNED

244 BURIAL, CREMA- 248. DATE 24c. NAME OF CEMETERY OR CREMATOR KOCATION (City, town, or county)

25. FUNERAL DIRECTE

DATE RECEIVED BY REGISTRAR'S SIGNATURE weeting or i muchille, Also

12 25 sur carte



050.0

Roma . . Marghan COUNTY OF THE PARTY OF and the state of interest and an interest and a second Section 2 ment to the control of the second of the second of the second of

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Louis McKim OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Timore D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days 5. SEX 7. SINGLE, MARRIED 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work denedaring most of working life, even if retired) INDUSTRY WHAT COUNTR resired olel 13. FATHER'S NAME

SECURITY NO

16. SOCIAL

DUE TO

198. MAJOR FINDINGS OF OPERATION

218. PLACE OF INJURY (e. g., in or

21E. INJURY OCCURRED

about home, farm, factory, street, office bldg., etc.)

14. MOTHER'S MAIDEN NAME

ADDRESS

INTERVAL BETWEEN ONSET AND DEATH

If Under 24 Hours

injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE RTIFICAT UNDERLYING CONDITION LAST.

194. DATE OF OPERATION

(Specify)

ID, TIME (Month) (Day) (Year) (Hour)

21A. ACCIDENT. SUICIDE.

HOMICIDE

DATE RECEIVED BY

15. WAS DECEASED EVER IN U, S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service)

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(Yes, no or nnknown)

18.

ā

11

21c. WHERE DID

INJURY OCCUR?

25/ FUNERAL DIRECTOR

21F. HOW DID INJURY OCCUR?

(If in Baltimore City, give exact location)

ADDRESS

20. AUTOPSY?

INJURY NOT WHILE WORK . 1950 to 10 Nov . , 1950 that I last saw the 22. I hereby certify that I attended the deceased from \_\_\_\_ 1950, and that death occurred at 4:55 Am., from the causes and on the date stated above. deceased alive on 10 Pov -23A. SIGNATURE 23B. ADDRESS 10Nor

23c. DATE SIGNED 24A. BURIAL, CREMA 248. DATE 24C. NAME OF CEMETERY OR CREMATORY TION, REMOVAL (Specify)

LOCAL REGISTRAR OV 1 1 1951 VS 150 170049E

REGISTRAR'S SIGNATURE

BALTIMORE CITY HEALTH DEPARTMENT 9654 Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH November 8, 1950 WILLIAM FELLERS WALTER3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION University Hospital Baltimore o. STREET ADDRESS (If rural, give location) Yrs. Mos. 653 Lexington St. nongth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) | Months Days | Hours Min. Married White Male 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY Shovel MISSOUR 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ther + ne evin e 15. WAS DECHASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yee, give wer or dates of service) SECURITY NO. 22.1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Arteriosclerotic Cardiovascular Disease heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a, DATE OF OPERATION | 19B, MAJOR FINDINGS OF OPERATION

WHILE AT WORK

218. PLACE OF INJURY (e. g., in or

about home, farm, factory, street, office bldg., etc.) 21E. INJURY OCCURRED

NOT WHILE

21F. HOW DID INJURY OCCUR?

AT WORK

22. I certify that I took charge of the remains described above, held an Inspection & Ing. Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \( \sigma\), accident \( \sigma\), suicide \( \sigma\), homicide \( \sigma\), undetermined \( \sigma\). 238, CHIEF MEDICAL EXAMINER .....

> ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR.

21c. WHERE DID

INJURY OCCUR?

24A. BURIAL, CREMA-TION REMOVAL (Specify) 248. DATE 24c. NAME OF CEMETERY OR CREMATORY Green Hi

DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR · eliver v 11/ varile, 11.

25. FUNERAL DIRECTOR 22 24

20. AUTOPSY

. thereon and from

YES

(If in Baltimore City, give exact location)

240, LOCATION (City, town, or county

NO X

(State)

V S 151

MEDICAL

21A. EXTERNAL CAUSE WAS

INJURY

UNDERLYING | OR CONTRIB. UTING | CAUSE OF DEATH. 210. TIME (Month) (Day) (Year) (Hour)

6	,30	Be. o	339				50 0055
0	965 RTH NO.		BALTIMORE C		OF DEATH		50 9655 ered No
1.	NAME OF D	DECEASED	ELECTA AN	N FORD		2. DATE OF DEATH	Nov. 10, 1950
Α.		City, Maryland	al or institution, give street		4. USUAL RESIDENCE A. STATE		ved. If institution: residence TY before admission)
HO	SPITAL OR STITUTION		y Heights Ave.	1 44 1 -		(If outside corporate	edimits, write RUDAL and give township)
c. :	Length of s	stay in Baltimore		Yrs. Mos. Days	3309 Liberty		
5. 5	female	6.COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCE WIDOW	ED (Specify)	Aug. 15, 1863	9. AGE iln ye	ars If Under I Year If Under 24 Hours y) Months Days Hours Min.
10A	done during most	CCUPATION (Give kind of of working life, even if retired)	10B. KIND OF BUSINE	SS OR NDUSTRY	11. BIRTHPLACE (State o	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
13.	John				Margaret Ba		
15. (Yes,	WAS DECEAS no or unknowe)	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES?   16. SOCIAL SECURI		17. INFORMANT		ADDRESS 21 Liberty Hgts. A
ERTIFICATION	heart failt injury or DISEASE RISE TO UNDERL	LEADING TO DEA' s not mean the mode ure, asthernia, etc. It me complication which  ANTECEDENT CAUS S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA  II SIGNIFICANT CONDIG G TO THE DEATH, BUT	rans the disease, caused death.)  DUE TO  SES  FANY, GIVING STATING THE DUE TO  AST.  ATTIONS CON-	N	MEART 3	entil	6 Hours
U .	TO THE D	DISEASE OR CONDITION		of opera	Jok		20. AUTOPSY?
EDICA	21A. ACCIDE HOMICIDE	ENT. SUICIDE,	21B. PLACE OF INJU. about home, farm, factor	RY (e. g., in o	21c. WHERE DID INJURY OCCUR?	(If in Baltimore	City, give exact location)
Σ	D. TIME INJURY	(Month) (Day) (Year)		OCCURRED AT WORK		Suct	
	22. I hereb	by certify that I att	tended the deceased fr	om gener	ed at 5 0 m., from	n the causes and	19 Sthat I last saw the
	23A. OTTO		Luder		B. ADDRESS	3325 57	23c DATE SIGNED
24 TIO		CREMA- 24B. DATE Specify)	24c. NAME O	F CEMETER	B. ADDRESS 301 LW7 Y OR CREMATORY 24D	33° 57 LOCATION (City,	town, or county) (State)
DA	A. BURILL N, REMOVAL (	CREMA-Specify)  11/13/50  ED BY REGISTRAR	24c. NAME O	F CEMETER	311 LM7	33° 57 LOCATION (City,	town, or county) (State)

BET ALD. THE Child Liberty Bollebin 19555 , SIV CONTRACTOR SOME Carried ASSES AND A SECOND ASSESSMENT 25 600 357 (480 89) MEAR TORING THAT THE MILLS OF EASTERN all Con and a love of 3/44 666 30 mm 35 25 30 mg 120 . gen engeligen Litabiles, well-define

50 9656 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) JAMES CLOUGH DEATH NOV. 9. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City. Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location ! C. CITY OR TOWN (If outside corporate limits, write BURAL and give INSTITUTION Franklin Square Hospital Baltimore D. STREET ADDRESS (If rural, give location Yrs. Mos. c. Length of stay in Baltimore 1310 Fairmont Ave. Davs 5. SFX 6. COLOR OR RACE 9. AGE (In years If Under 1 Year last birthday) Months Days Hours Min. 8. DATE OF BIRTH 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) White Male Nov. 13, 1897 10A. USUAL OCCUPATION (Givekinder) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Noah Clough Jennie Oldson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Wm. E. Clough-Centerville, Md. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic Cardiovascular Disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) .... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID

M.D.

EDICA

21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIB.

UTING | CAUSE OF DEATH. 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY NOT WHILE WHILE AT

WORK AT WORK

22. I certify that I took charge of the remains described above, held an Partial Autopsy

the cvidence obtained by said Autopsy, Inspection or Inquiry, find that said deccased died on the day stated above, and death in my opinion resulted from: natural causes X, accident \( \), suicide \( \), homicide \( \), undetermined \( \). 23A. SIGNATURE

24A. BURIAL CREMA-248. DATE TION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE

OCAL REGISTRAR in in work it is ideals ill. V S 151

INJURY OCCUR? 21F. HOW DID INJURY OCCUR?

25. FUNERAL DIRECTOR

Autopsy, Inspection or Inquiry

23B, CHIEF MEDICAL EXAMINER..... 23c. DATE SIGNED MEDICAL INVESTIGATOR

Nov. 24C. NAME OF CEMETERY OR CREMATORY | 240. LOCATION (City, town, or county)

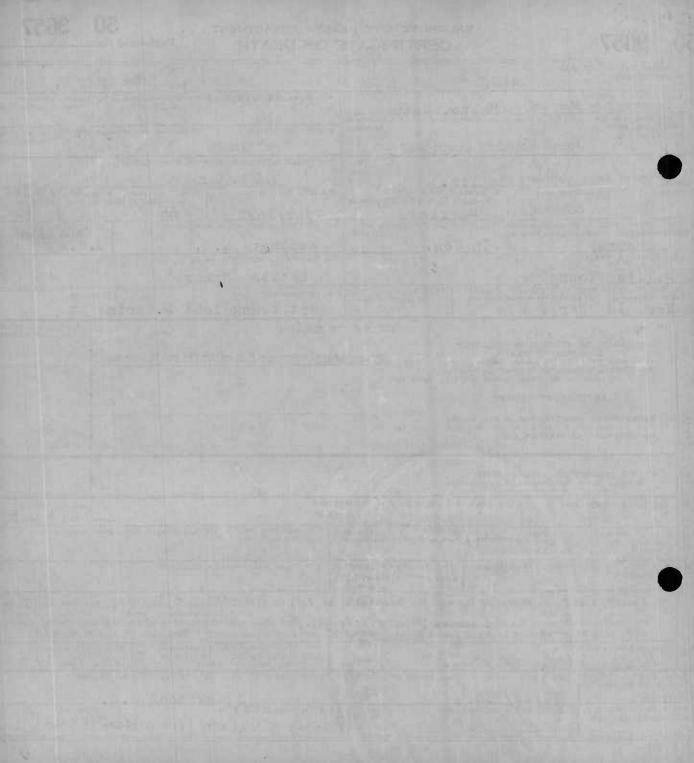
ADDRESS

thereon and from

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 9657 Registered No.

1. NAME OF D		ATTI			2. DATE	1 0
3. PLACE OF E		ALLY	YOUNG		DEATH NOVE	mber 9, 1950
	City, Maryland	Relto.	City	4. USUAL RESIDENCE (W	B. COUNTY	institution : residence before admission
B. FULL NAME HOSPITAL OR	OF ('f not in hospit	tal or institution	n, give street address or location)	Maryland		
INSTITUTION	Tohna Uani	es a TI - au			outside corporate Hinit	s, write RURAL and giv township
	Johns Hopl	kins hosp	Oltal Yrs.	Baltimore D. STREET ADDRESS (Hr	unal circa lave	
c. Length of s	tay in Baltimore	IS Yrs.	Mos. Days		roline Stree	t
5. SEX	6. COLOR OR RACE	7. SINGLE.	MARRIED, D, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	Under 1 Year   If Under 24 Hours nths: Days   Hours: Min.
Male	Colored	Mari		7/29/1892	58	Days Hours Min
10A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND C	F BUSINESS OR	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY
Le bor	er	In Ge		woodward S.C		U.S.A
13. FATHER'S	NAME			14. MOTHER'S MAIDEN NA	ME	
Willie	Young			Hattie Hym	er	
15. WAS DECEAS	D EVER IN U. S. ARMEI	D FORCES?	16, SOCIAL SECURITY NO.	17. INFORMANT	Al	DDRESS
Yes I	War # I	,	SECORITI NO.	Mart Young Is	21 N.Sprin	g St
18. HL	21		CAUSE	OF DEATH		INTERVAL BETWEE
DISEA	SE OR CONDITION	DIRECTLY				ONSET AND DEAT
	LEADING TO DEA	TH	Hyperi	censive cardiovas	ular disease	
heart failt	re, asthenia, etc. It mes	ans the disease,	(4)	**************************************	***************************************	***************************************
injuly of			DUE TO			
	ANTECEDENT CAUS	SES				
DISEASE	S OR CONDITIONS, I	F ANY, GIVING	(B)	***************************************	*************************************	******
UNDERL	HE ABOVE CAUSE (A)	STATING THE	DUE TO			
<u> </u>			(C)	***************************************	***************************************	•••••
DISEASE RISE TO T UNDERL' UNDERL' OTHER S TRIBUTING	11	TIONS ST.				
	GIGNIFICANT CONDI	NOT RELATED				
	F OPERATION   1		INDINGS OF OPERA	ATION		20. AUTOPSY?
	TOTERATION .	DE, MADON .				YES NO X
ZIA. EXTERI	VAL CAUSE WAS		E OF INJURY (e. g., in		in Baitimore City, g	
UNDERLYIN	G TOR CONTRIB-		n, factory, street, office bldg., et	(c.) INJURY OCCUR?		
ш	(Month) (Day) (Year)	1	E. INJURY OCCURRE	D 21F. HOW DID INJURY	OCCUR?	
INJURY		WHI	LE AT NOT WHILE			
22 7 same	for the T tools ob-			bovc, held an Inspecti	on & Inquiry	42
				Autopsy, I	nspection or Inquiry	
the eva	idence obtained by	said Autops	sy, Inspection or I: m: natural causes	nquiry, find that said de <b>X</b> , accident $\square$ , suicide	ceased died on the	$e$ day stated above $ndetermined$ . $\Box$ .
23A, SIGNA		·		238 CHIEF MEDICAL F	XAMINER□   230	. DATE SIGNED
Well	and Vourt	4	M.	D. MEDICAL INVESTIGATO	XAMINER NO	v. 10, 1950
24A. BURIAL. (S	REMA- 248. DATE	0 24	C. NAME OF CEMETER	RY OR CREMATORY 24D. LC		or county) (State)
Burial	11/12	/1950		A Blac	kstock S.C	
DATE RECEIVE		S SIGNATURE		250 FUNERAL DIRECTOR		ADDRESS
LOCAL REGIST		Trillia	weld st	Eliny O. Wilson	11000 Bes	they are
V 0 V 1 1 1	)50 '	7 77 0 0 0 0	( >	10.000	1./	V



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) LEE EDWARDS OF November 8, 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland Balto. A. STATE B. COUNTY .before admission) (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside copporate limits, write RURAL and give INSTITUTION township) Mercy Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mog 110 Exeter Street (N.) ength of stay in Baltimore Yrs Davs 7. SINGLE, MARRIED 5. SEX 6. COLOR OR RACE 9. AGE (In years) WIDOWED, DIVORCED (Specify) Colored Male /3/T889 Married 10A. USUAL OCCUPATION (Give kind of ) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) INDUSTRY ahorer estern South Carolinia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unkown Unkown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.

last birthday) Months: Days Hours: Min. 12. CITIZEN OF WHAT COUNTRY Edward IIO N.Exeter INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cerebral hemorrhage (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) Hypertensive cardiovascular disease CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIBabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING [] CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21F. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WORK AT WORK Insp. & Inquiry 22. I certify that I took charge of the remains described above, held an \_ thereon and from

19B. MAJOR FINDINGS OF OPERATION

Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes A, accident , suicide , homicide , undetermined . 23B. CHIEF MEDICAL EXAMINER..... 23c. DATE SIGNED

ASSISTANT MEDICAL EXAMINER 11-9-50 MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248, DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)

Com

25 FUNERAL DIRECTOR

LOCAL REGISTRAR within for / Mualle, 11 151

REGISTRAR'S SIGNATURE

TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

EDICAL

Ξ

Buria DATE RECEIVED BY

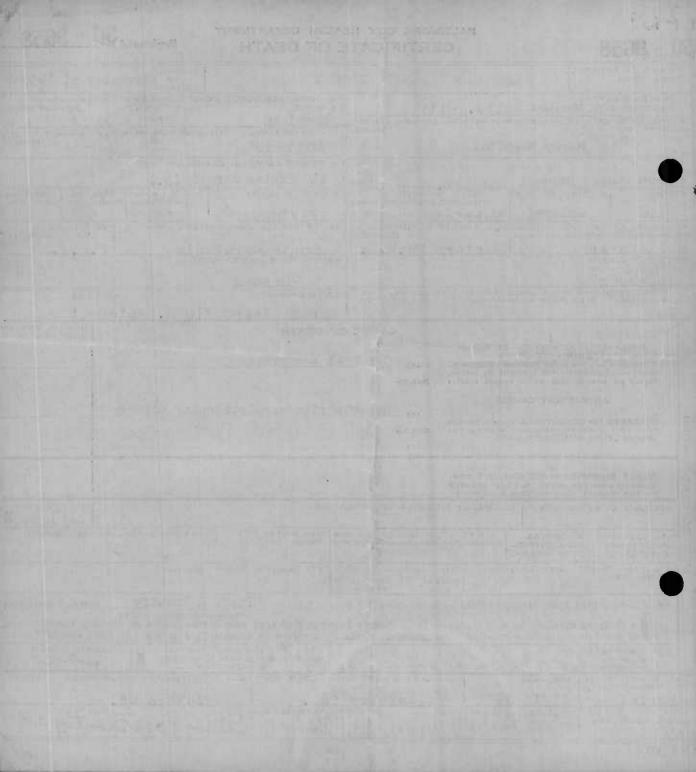
7050

nely aux

20. AUTOPSY

YES

No X



BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE EDWARD RAUCHENSTEIN DEATH November 10, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City. Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bethesda Lutheran Hospital D. STREET ADDRESS (If rural, give location) Yrs. Mos 6806 Exfair ngth of stay in Baltimore Road Dava 5. SEX 6. COLOR OR RACE 8 DATE OF BIRTH 9. AGE (In years if Under I Year If Under 24 Hours last hirthday) Months; Days Hours: Min. 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) male white YOA. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11 BIRTHELACE (State or foreign country) 12. CITIZEN OF at of working life, even if retired) INDUSTRY WHAT COUNTR' Jackens vama THER'S NAME 14. MOTHER'S MAIDEN NAME imperon 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 12 INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Crushing injury of chest (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES MEDICAL (If in Baltimore City, give exact location)
56-00 of Eldersburg 21c. WHERE DID 21B. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office hidg., etc.) INJURY OCCUR? UNDERLYING X OR CONTRIB-UTING CAUSE OF DEATH. 6 miles west highwav Route 26 (Liberty Heights) 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED AT WORK Auto and auto accident (passenger) November 10,1950 5.p.m. WORK 22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes  $\square$ , accident  $\square$ , suicide  $\square$ , homicide  $\square$ , undetermined  $\square$ . 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER.... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER Nov. MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-240. LOCATION Way, town or county 24c. NAME OF CEMETERY OR CREMATORY emova DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. EUNERAL DIRECTOR ADDRESS LOCAL REGISTRATE The Milarila M

VS 151 N862.2

17

1700 Thashington, Di

BALTIMORE CITY HEALTH DEPARTMENT Registered No 9660 CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Towns HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) + cnry ton Yron D. STREET ADDRESS (If rural, give location) MUS c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) II Under 1 Year last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekindof 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY abour 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. APMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 YES NO 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e. g., in or ED HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from I - ID . 1950 to 11 -10 , 1950 that I last saw the deceased alive on 1/-10 , 1950, and that death occurred at 1200 m., from the causes and on the date stated above, 23B. ADDRESS 23c. DATE SIGNED 23A. SLOWATURE 24A. BURIAL CREMA- 24B. DATE TION, REMOVAL (Specify) 24c. 24D. LOCATION (City, town, or county) DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR varior invaridant VS 150

9861 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE DAVID J UNDERWOOD DEATH November 10, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence B. COUNTY A. Baltimore City, Maryland before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limes, write PURAL and give location) C. CITY OR TOWN INSTITUTION township) Lutheran Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 4616 Manordene Road ngth of stay in Baltimore Days 9. AGE (In years If Under 1 Year I Under 24 Hours Last birthday) Months Days Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 5. SEX male white Dec. 16, 1899 married 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekinder) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTR sales manager Auto supplies Pennsylvania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rose Cairns John Underwood 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Mrs. Margaret S. Fowler-Brownsville, Pa. no INTERVAL RETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., Coronary artery sclerosis heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) .... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES X EDICAL (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., In or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIBabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING | CAUSE OF DEATH. 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY WHILE AT NOT WHILE WORK autopsy thereon and from 22. I certify that I took charge of the remains described above, held an \_ Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes f X, accident igthiangle, suicide igthiangle, homicide igthiangle, undetermined igthiangle. 23B. CHIEF MEDICAL EXAMINER..... 23C. DATE SIGNED ASSISTANT MEDICAL EXAMINER..... 23A. SIGNATURE Nov. MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24B. DATE Brownsville, Pa. /11/50 Removal FUNERAL DIRECTOR ADDRÉSS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR V S 151 200

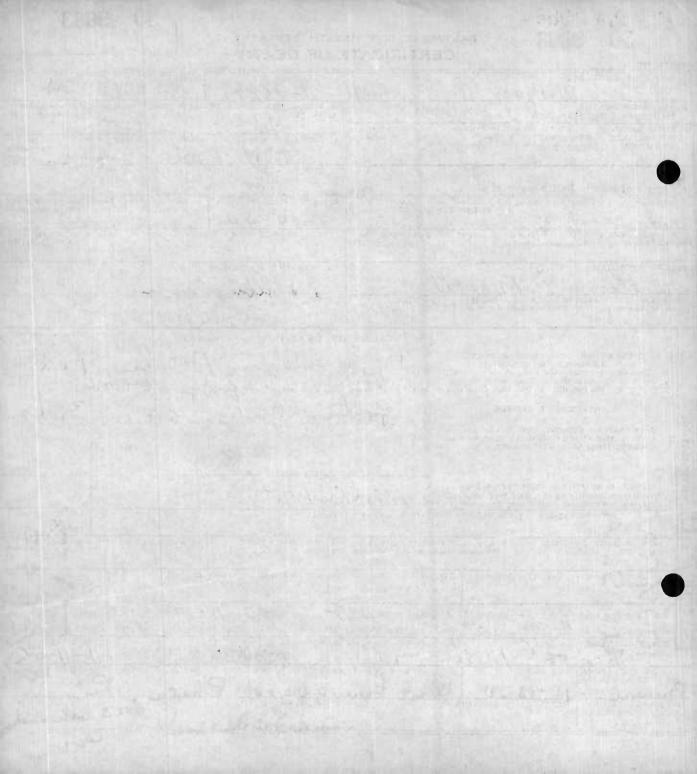
- F. T. additions of the selection of the select e the second of 

	C -3	63			<b>T</b>				50	3662
В	IRTH NO.	50	9662				OF DEATH		gistered No.	700Z
(T	NAME OF DE	HE	NRY	Cha	RLES	Co	nRAd		H NOVEM	
A.	Baltimore C	ity, Mary		l or institut	on, give street s	ddress or	A. USUAL RESIDENCE		sed lived. If inst	titution; residence before admission)
H	OSPITAL OR			ERING		location)	C. CITY OR TOWN		porate limits, w	rite RURAL and give
0		3. <u>C</u> /	4 L ne	ERING	. 0	Yrs. Mos.		(If rural, give	location)	14
	Length of st	ay in Bal			MARRIED.	Days	8. DATE OF BIRTH	9. AGE		er I Year   II Under 24 Hours
10	MALE A. USUAL OCC	whi	†E	MA	PRIE &		April 25: 18:	79 7	rthday) Month	
worl	done during most of	working life, ev	enifretired)	01		CONJ	1 MARYLA	and	12	WHAT COUNTRY?
	HEni	ev (	Conn	PAd			FLIZAL	NAME	MiL	1 = 0
15 (Ye	, mo or nnknown)	(If yes, give	war or dates	of service)	16. SOCIAL SECURIT		17. INFORMANT	B		RESS
	18. 11.70	Spanis	1 - H4€	RICAN	214-01-		OF DEATH	CONRAD	112 S.	INTERVAL BETWEEN
	7000	E OR CON LEADING	I NDITION I	DIRECTLY			Con-	The		ONSET AND DEATH
	heart failur	not mean to e, asthenia, complication	the mode of etc. It mean	f dying, e. g as the diseas	е,	••••••••••••	wionary	PROW	mbon	3
		ANTECEDE	NT CAUS	ES						2.000
CATION	RISE TO TH	OR COND TE ABOVE C ING COND	AUSE (A)	STATING TH	G				•••••	
RTIFICA			11		(C)					
CER	TRIBUTING	GNIFICAN TO THE DE SEASE OR (	ATH, BUT	NOT RELATE	D					
	19A. DATE OF				FINDINGS C	F OPER	ATION			20. AUTOPSY?
MEDICAL	21A, ACCIDENT HOMICIDE	NT, SUICIE (Specify)	DE,		CE OF INJUR arm, factory, street,			(If in Baltin	more City, give	exact location)
2	ID. TIME (I	Month) (Da	ay) (Year)			OCCURRE	D 21F. HOW DID INJ	URY OCCUR?		
		certify t	hat I atte	ended the	deceased fro	$m_{-}$	20 / , 1917, to.	nov 10	, 19 <b>~</b> , t	hat I last saw the
	deceased ali	ve on	1	, 19.0	and that dear	th occur	red at 6:30Am., fro	m the causes	2	3c. DATE SIGNED
2	4A. BURIAL, CI	REMA- 24E	B. DATE	411		M. D. CEMETER		D. LOCATION		county) (State)
1	BURIA	L NO	DV. 13		WEST	EKH	CEMETERY 1	SALti	HORE	MARYLAND
He	ATE RECEIVED	AR REC		SIGNATU	RE Minallain	2	GEORGE L.	Schuab	2101 kg	esderick
8	10Vs115019	50		5	742	4	0 0	Ö	940	Aue.

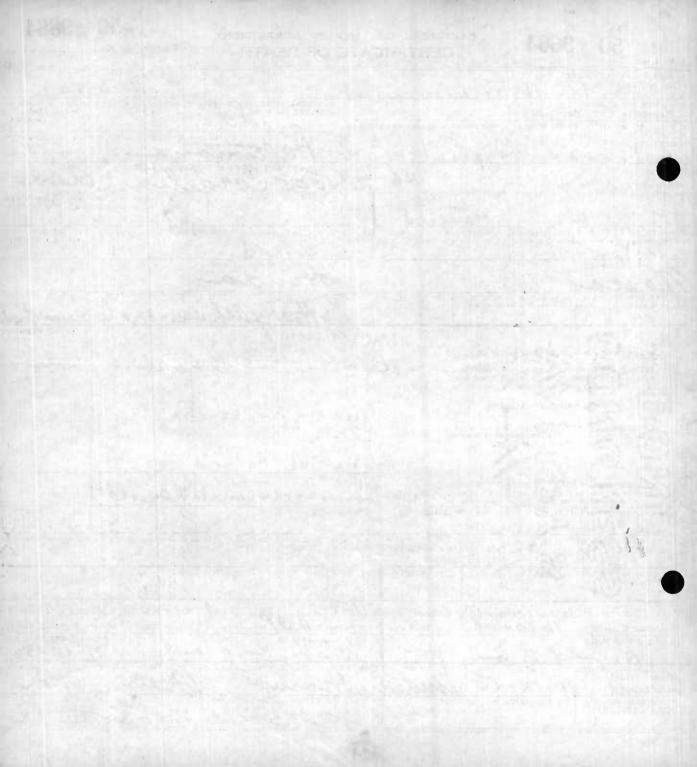
	R-240 50 9663 BALTIMORE CITY HEAD	TH DEPARTMENT	50 9663
E	CERTIFICATE	~	egistered No.
	NAME OF DECEASED Type or Print)  William J. Pussell.	A-7/0874   2. DAT OF DEAT	MOV 10 1950
A	. Baltimore City, Marylanded. // L/+ 4 2		ased lived. If institution: residence COUNTY before admission
Н	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR NSTITUTION CONTROL OF CONTROL OF CONTROL OR CONTROL OF CONTR	CITY OR TOWN (If outside co	rporate limits, write RURAL and giv township
3	Yrs. Mos.	STREET ADDRESS (If rural, give	location)
	Length of stay in Baltimore Days	DATE OF BIRTH	(In years   11 Under 2 Year   15 Under 24 Hours
1	nale white WIDOWED, DIVORCED (Specify)	3-14-50 last b	irthday) Months Days Hours Min.
WOI	OA. USUAL OCCUPATION (Give kind of log. KIND OF BUSINESS OR INDUSTRY INDUSTRY	. BIRTHPLACE (State or foreign cour	12. CITIZEN OF WHAT COUNTRY
	William D. Russell	Enther's Maiden NAME	ed
(Y	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)  16. SOCIAL SECURITY NO.	INFORMANT	ADDRESS
RTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE  CAUSE OF  CAUSE OF  (A)  DUE TO  Particular  (B)  DUE TO  DUE TO	o-Signoid Fist ation of Signo portaities, infe	ula 1 wk. id Colon tions 3 wks.
FICA	UNDERLYING CONDITION LAST.		
CERTI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED CONTRIBUTION TO THE DISEASE OR CONDITION CAUSING IT.	and Foot.	
AL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERAT	ION	20. AUTOPSY?
EDIC			more City, give exact location)
Σ	ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED  HILE AT NOT WHILE AT WORK AT WORK	21F. HOW DID INJURY OCCUR	7
	22. I hereby certify that I attended the deceased from 11-9-	- 1950, to 11-10-	, 195 Qthat I last saw th
	deceased alive on 11-10-, 1950, and that death occurred 23A. SIGNATURE 23B.	ADDRESS MAPRIC MACRO	s and on the date stated above
ī	4A. BURIAL, CREMA- ION, REMOVAL (Specify)	OR CREMATORY 24D. LOCATION	(City, town, of county) (State)
		FUNERAL DIRECTOR	2003 Columns

VS 150

119.0



5 50 69664 BALTIMORE CITY HEALTH DEPARTMENT 9654 Registered No. CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) AShMAN DEATH //-/0-50 3. PLACE OF DEATH 4. USUAL RESIDENCE Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRES (If rural, give location) c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED II Under 1 Year 8. DATE OF BIRTH AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) | Months! Days | Hours | Min. MATTIRE IOA. USUAL OCCUPATION (Give kind of IOB. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTR 41 FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO 18. CAUSE OF DEATH EASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., INTLUENZA PNEUMONIA heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) Yulmonary Emphysemn DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED LANDIOVASCULAN DISCASO TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT 22. I hereby certify that I attended the deceased from 11-4-50 , to 11-10-50, 19 , that I last saw the deceased alive on 11-10 = 1950, and that death occurred at Im., from the causes and on the date stated above. 23c. DATE SIGNED 23A, SIGNATURE 2 D. LOCATION (City, town, or county) BURIAL, CREMA-24B. DATE N. REMOVAL (Specify ADDRESS ERECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR



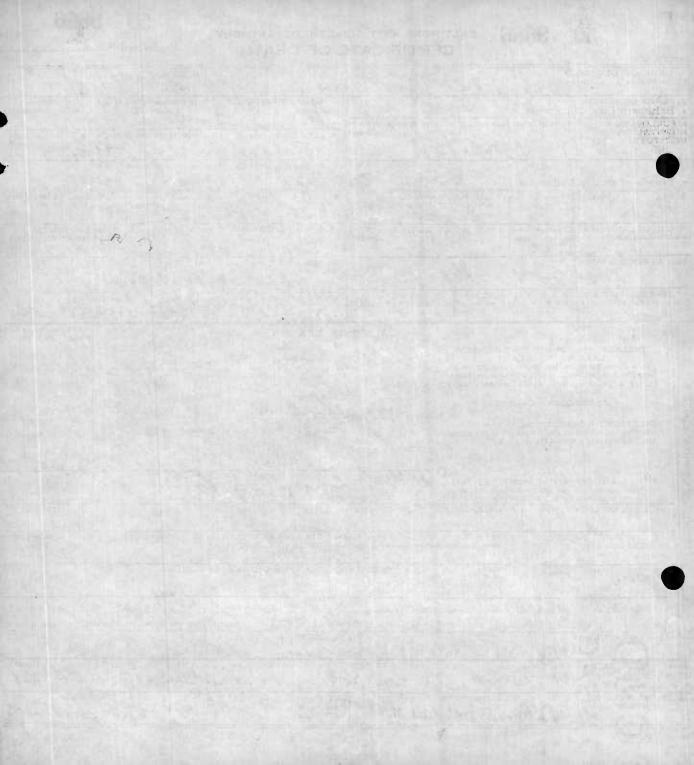
4-240 BALTIMORE CITY HEALTH DEPARTMENT 9665 Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) William Henry Yeakle OF November 10th . 1950 S. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE arvland Ha FRYNTY ee before admission) B FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give I620 Harford Avenue INSTITUTION Idlewylde .Balto:Co D. STREET ADDRESS (If rural, give location) Yrs. Mos. 6303 Banbury Road c. Length of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Male White Married 9-6-1892 58 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) Edgewood arsenal WHAT COUNTRY Baltimore City U.S.A. Electrician S.Govermen 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Louis Yeakle Sarah Kline 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, no or unknown) | (If yes, give war or dates of service) 16. SOCIAL 17 INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Mrs.Margaret V. Yeakle-6303 Banbury Rd. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY reinoma of LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT NOT WHILE AT WORK WORK 1950 that I last saw the 22. I hereby certify that I attended the deceased from Te deceased alive on !! 1950 and that death occurred at 2 m., from the causes and on the date stated above. 23B. ADDRESS 23A, SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME of CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) II- I3-50 Frederick Rd, Balto: Md. Baltimore National Burial DATE RECEIVED BY REGISTRAE'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR George J.Ruth, Inc .- 1735 Harford Avenue 11-12-50

VS 150

515-4R

0472

ceae for		
	HINT TO THE WARREND STADISTICS TO SCHOOL	
		•
	officers of the Leonal countries. Let real riv	
	State of Seattle of the State o	



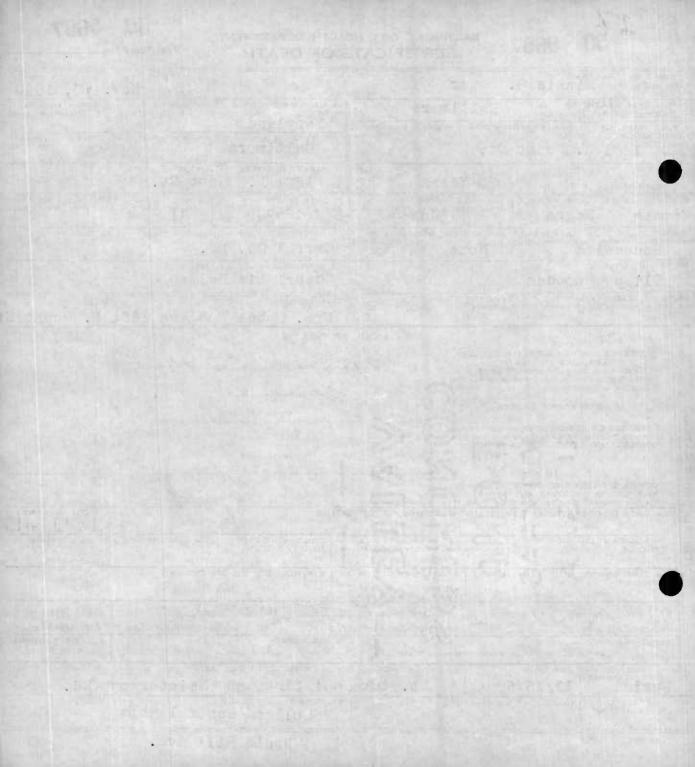
B-260

59 9667

BIRTH NO.	00 9657		CERTIFICATI	E OF DEATH	Regist	tered No		
I. NAME OF DE Type or Print)	Minnie S	. Bake	r		2. DATE OF DEATH	Nov.	10.	1950
S. FULL NAME O	ity, Maryland	al or institut	imore ion, give street address or location)	A. USUAL RESIDENCE A. STATE Maryland c. CITY OR TOWN	E (Where deceased B. COU)	lived. If insti NTY	itution : 1 befor	residence e admission)
Length of st	ay in Baltimore	70 Y	Yrs. Mos. Days	Baltimore  D. STREET ADDRESS  1801 N. 1	(If rural, give loca	tion)	01	cownsing)
enale	6. COLOR DR RACE Negro		E, MARRIED, (ED. DIVORCED (Specify) WICOWED	8. DATE OF BIRTH 8/7/1869	9. AGE (In y last birth	lay) Months	l Year Days	if Under 24 Hours Hours Min.
OA. USUAL OCC ork done during most of Housev	CUPATION (Give kind of f working life, even if retired)	108. KINE	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State Carrol Co.		12.	CITIZE	OF COUNTRY
3. FATHER'S N	Snowden			14. MOTHER'S MAIDER Georiania				
S. WAS DECEASE.	D EVER IN U. S. ARMED (If yes, give war or date:	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Mabel	Rodgers	ADDR 18 <b>01</b> N	203-07	ount S
(This does heart failur injury or DISEASES	E OR CONDITION LEADING TO DEA' not mean the mode re, asthenia, etc. It mea complication which ANTECEDENT CAUS GOR CONDITIONS, 1 HE ABOVE CAUSE (A) 'ING CONDITION LA	TH of dying, e. on ons the disease caused death SES  F ANY, GIVIN STATING TO	(B)	Desens	E Hee	*	)	AND DEATH
TRIBUTING	IGNIFICANT COND TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELAT	N - ED IT				20.4	UTOPSY?
21A. ACCIDE HOMICIDE	NT. SUICIDE, (Specify)	21B. PL/ about hnme,	FINDINGS OF OPER  ACE OF INJURY (e. g., in farm, factory, atreet, office bldg., e	a or 21C. WHERE DID	(If in Baltimore	City, give	YES	] NO [
INJURY	Month) (Day) (Year)  y certify that I att  ive on ' ' '	m.	21E. INJURY OCCURRING WHILE AT NOT WHILE AT WORK deceased from and that death occur	- '5 195° to	m the causes an	nd on the d	date sto	ated above
Burial  Burial	REMA- 248. DATE pecify) 11/15/	50		Reistertown				(State)
DATE RECEIVED	RAR		JRE	25. FUNERAL DIRECT		AL	DDRESS	

1631 Druid Hill Ave.

093d



K-450 9668

VS 150

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

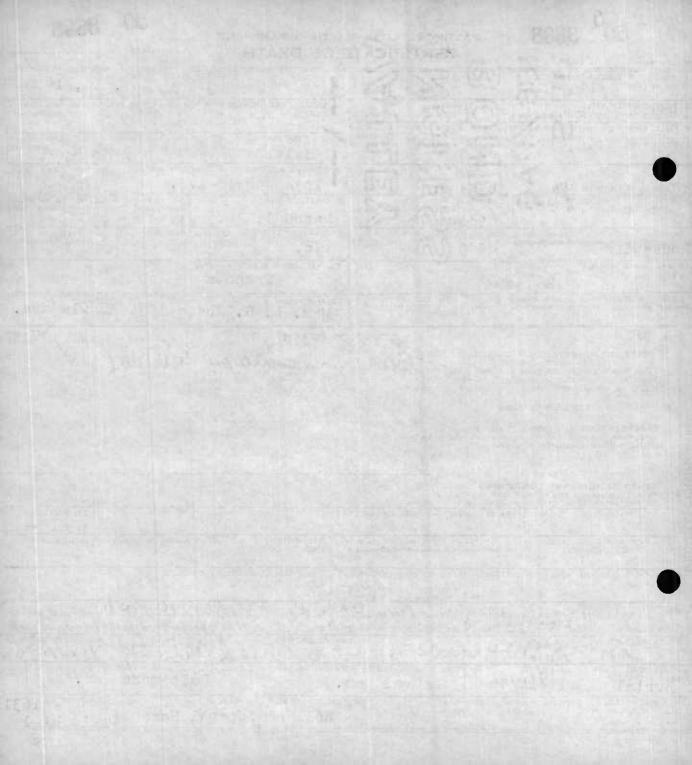
50 9668

Registered No-

BIRTH NO 1. NAME OF DECEASED 2. DATE Nov. 10, 1950 (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence Baltimore A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or (If outside corporate limits, write RURAL and give INSTITUTION Cold Spring Conv. Home C. CITY OR TOWN Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 1034 Argyle Ave. c. Length of stay in Baltimore 85Years Davs 5. SEX Female 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years) 6. COLOR OF BACE If Under 1 Year last birthday) | Months: Days | Hours: Min. March 1, 1865 gs Widowed 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF rork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Home Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Sales 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Mrs. N. G. Chase 1034 Argyle Ave. 17. INFORMANT (Yee, no or unknown) [ (If yes, give war or dates of service) SECURITY NO. NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH oma of Werus DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? P. TIME (Month) (Day) (Year) (Hour) NOT WHILE WHILE AT AT WORK 00x 25 1950 100r. 10 1950 that I last saw the 22. I hereby certify that I attended the deceased from. 7 Pm., from the causes and on the date stated above. deceased alive on 10 1950, and that death occurred at 23c. DATE SIGNED 23A. STGNATURE 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION REMOVAL (Specify) BUTIAL 24C. NAME OF CEMETERY OR CREMATORY 24B DATE Md. Baltimore Laural Cem. 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE. 1631 LOCAL REGISTRAR - 40 47 JA/Wildrich Holland Funeral Home

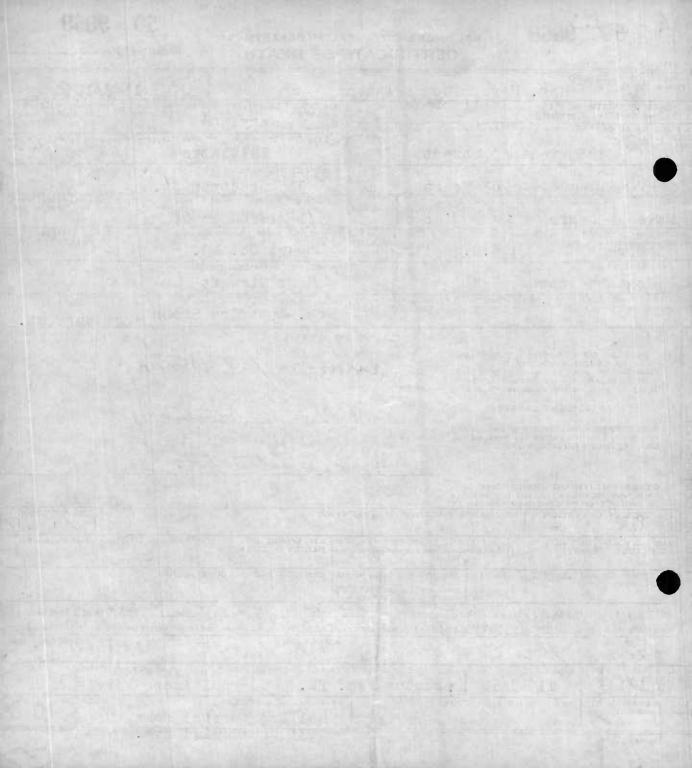
1 True

0486



9669

BALTIMORE CITY HEALTH DEPARTMENT Registered No ... CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) Rev. Harry Thomas Watson 11/8/1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) Marvland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 335 Prestman Street Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 63 Years 335 Frestman St. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (In years) 8. DATE OF BIRTH If Under I Year last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify)
Widowed 5/15/1886 Male Negro IOA. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) IOB. KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) WHAT COUNTRY? B.O. Railroad Howard Co. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Watson Mary Stewart 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS 2124 17. INFORMANT Yes, no nr unknown) (If yes, give war or dates of service) SECURITY NO. Mrs. Beatrice Brown Presbury St CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY7 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location) 21A, ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED TIME (Month) (Day) (Year) (Hour) INJURY NOT WHILE! 1952 to\_\_\_ her 1, 195, that I last saw the 22. I hereby certify that I attended the deceased from. . 1952, and that death occurred at 2:36.m., from the causes and on the date stated above. deceased alive on\_ 23c, PATE SIGNED 238. ADDRESS 23A. SIGNATURE 24D. LOCATION (City, town, or county) (State) 24A. BURIAL, CREMA-24C. NAME OF CEMETERY OR CREMATORY TION REMOVAL (Specify) Arbutus Mem. PK. Baltimore Maryland 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Holland Funeral Home - action or Milliants M 1631 Druid Hill Ave.



1. NAME OF DECEASED (Type or Print)

c. bength of stay in Baltimore

10A. USUAL OCCUPATION (Give kind of

work done during most of working life, even if retired)

tousur 13. FATHER'S NAME

(Yes, no or unknown)

ERTIFICATION

6. COLOR OR RACE

Jim Parks

White

15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes. no or unknown) (If yes, give war or dates of service)

3. PLACE OF DEATH: A. Baltimore City, Maryland

HOSPITAL OR

INSTITUTION

Female

R

Baltimore City Hospitals

4days

Married

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

16. SOCIAL

SECURITY NO

10B. KIND OF BUSINESS OR

## BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Yrs. Mos.

Days

INDUSTRY

1 Megis	stered ivo	
2. DATE OF DEATH	11-12-50	
ere deceased	lived If institution : residence	_

iby	Doris	Miller		OF DEATH	11-1
			4. USUAL RESIDENCE	(Where deceased	

before admission) Maryland Frederick B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give

Rural( New Windsor D. STREET ADDRESS (If rural, give location)

Route #2 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year

If Under 24 Hours last birthday) Months: Days Hours: Min. July 9-1934 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY

Virginia 14. MOTHER'S MAIDEN NAME Bonnie Greer

17. INFORMBAltimore City Hospitales

Records: 4940 Eastern Ave. M Ma mon 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Bulbar and Spinal Polio 2-Weeks (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION Tracheotomy-Polio

11-9-50

NO X 21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bidg., etc.) INJURY OCCUR?

LYING OR CONTRIBUTING CAUSE OF DEATH

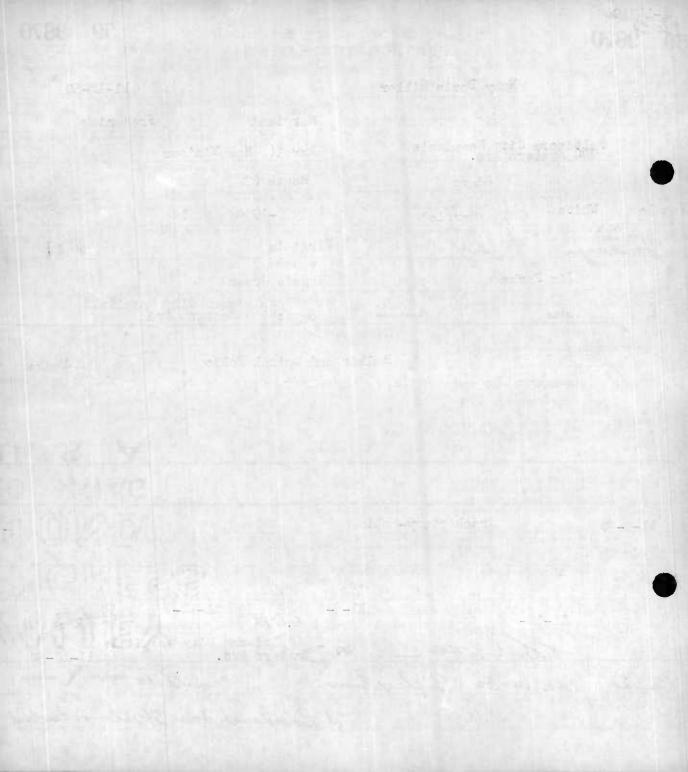
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT

WORK 22. I hereby certify that I attended the deceased from 11-8-19 50 to 11-12- , 19 50 that I last saw the 19\_50 and that death occurred at 6.45AM., from the causes and on the date stated above deceased alive on.

23B. ADDR Baltimore City Hospitals 23c. DATE SIGNED 23A. SIGNATURE 4940 Eastern Ave.

24D. LOCATION (City, town, or county) BURIAL CREMA-24c. NAME OF CEMETERY OR CREMATORY 24B. DATE slew am.

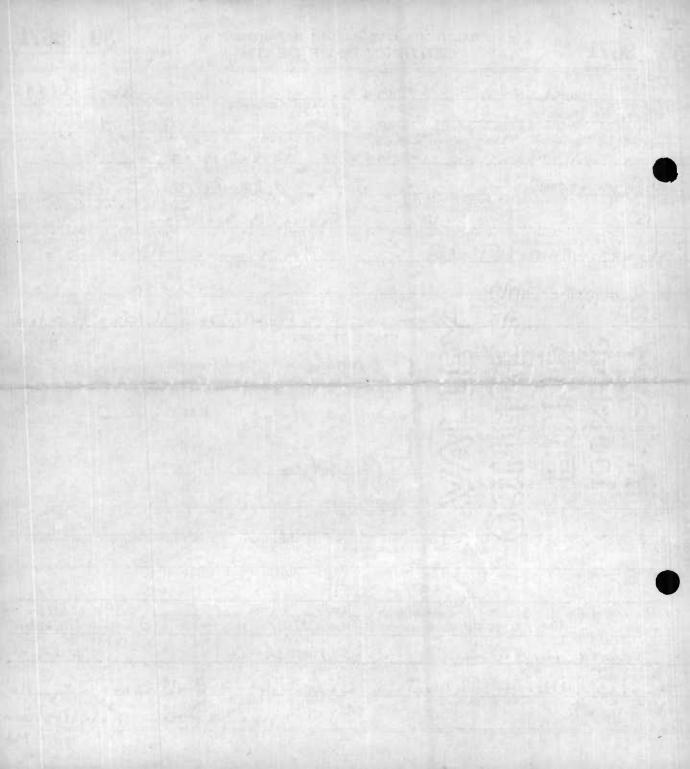
25. FUNERAL DIRECTOR ADDRESS
ADDRESS
ADDRESS
ADDRESS
ADDRESS
ADDRESS
ADDRESS REGISTRAR'S SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR



## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print)  Lowerd  KLower	2. DATE OF DEATH (007-12-1950
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	
HOSPITAL OR 6028 Old Harford Readlocation)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Sech Hill Mursing Home.	D. STREET ADDRESS (If rural, give location)
Mos.	0
c. Length of stay in Baltimore Days  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In year) If Under 1 Yest If Under 24 Hours
WIDOWED, DIVORCED (Specify)	Feb. 10 - 1858   last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
ork done during most of working life, even if retired)  Colinet Maker Rolls	Baltimore Md. WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Luknow	Vivience -
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADDRESS
Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	No Duna Sanall Son Balife
18. 442X . CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH  (This does not mean the mode of dying, e.g., (A)	nche al Pueremonia. 4 day
heart failure, asthenia, etc. It means the disease,	6
ANTECEDENT CAUSES	his - Reval Vascular descio
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
On Com	distri
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT.	ATION   20. AUTOPSY?
U 21a ACCIDENT SUICIDE 21b PLACE OF INJURY (e.g., i	YES NO
21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., it shout home, farm, factory, street, office bldg.,	
HOMICIDE (Specify) about nome, in m, i actory, street, on contagn,	Modern decorr
D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
WHILE AT NOT WHILE	
22. I hereby certify that I attended the deceased from	, 1950, to Nor , 1950, that I last saw the
	rrea at 2:18 Pm., from the causes and on the date stated above.
23A. SIGNATURE 2	38. ADDRESS 23c. DATE SIGNED
	529 (v. charles 84. Nor 12,1950
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE TION, REMOVAL (Specify)	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial WUT-14-50 Wesleyn	-amelery Baktimore City Md
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
NOV 1 31950	9.4. Slive Ed/ Jone - 1612/022/0000
No. 180	MI



### BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH 2. DATE OF DEATH 11-12-57 WILHELM HARVEY 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission) hospital or institution, give street address or MARYLAND location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give HOSPITAL OWINGS MILLS MORIAL Yrs. D. STREET ADDRESS (If rural, give location) Mos. LANE KOSEWOOD 4 Days RACE 8. DATE OF BIRTH 9. AGE (In years) If Under | Year 7. SINGLE, MARRIED last birthday) | Months: Days | Hours: Min. WIDOWED, DIVORCED (Specify) MARRIED JULY 10, 1878 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of worklog life, even if retired) INDUSTRY WHAT COUNTRY? Ballo Co. Lewery Water West. MARYLAND USA. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILHELM ACOB RERECCA 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yes, oo or ookoowo) SECURITY NO. non moun CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION VES 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., lo or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) NJURY WHILE AT NOT WHILE! AT WORK WORK 22. I hereby certify that I attended the deceased from 10-29 , 19.50 to 11 - 12 , 19.50 that I last saw the deceased alive on 11 - 12 , 19 50, and that death occurred at 4:45 Pm., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 240. LOCATION (City, town, or county) 24C NAME OF CEMETERY OR CREMATORY BURIAL, CREMA-24B. DATE DATE RECEIVED BY REGISTRAR'S SIGNATURE ine. Sons Rusterstown REGISTRAR VS 150

If prote, please stat a more definite austranial location of the maley and turner? Dee Domment File 50-9672

## BALTIMORE CITY HEALTH DEPARTMENT

50 9672

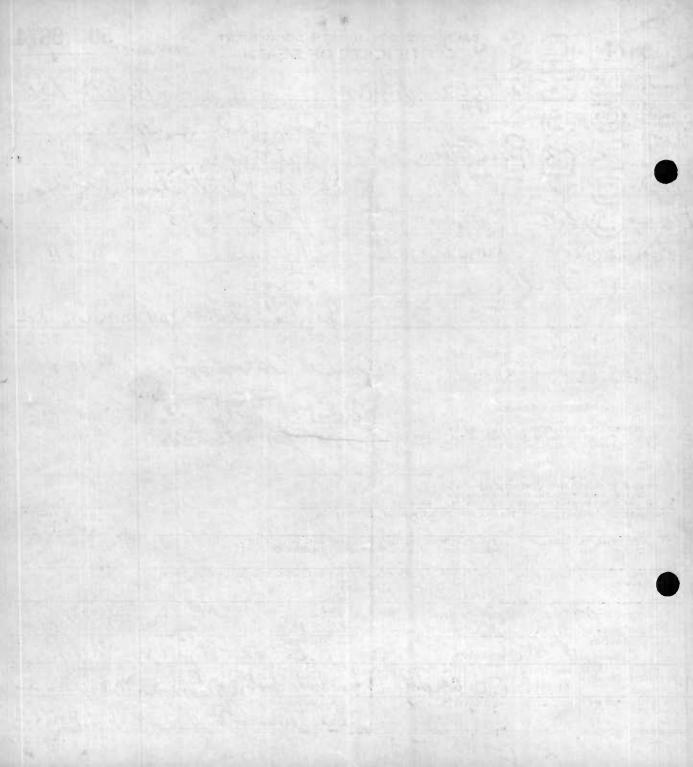
	RTH NO.	10/3			CERTIFICAT	E OF DEATH	Registered	No. 3073
1.	NAME C		Phillip	Vazzan	12		2. DATE OF NOV	ember 10 1950
Α.	PLACE C Baltimo	re City,	Maryland 3		.lton .ve	4. USUAL RESIDENCE A. STATE		
H	STITUTIO	OR			location)	c. CITY OR TOWN	(If outside corpor te lin	nity write RUMAL and give township)
C.	Length	of stay	in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS 36 N. Milton		
5.	SEX Male	6.0	White	WIDOW	E. MARRIED. (ED, DIVORCED (Specify)	8. DATE OF BIRTH April 11 1870	9. AGE (In years last hirthday)	Months Days Hours Min.
10 work	done during	OCCUP most of work	ing life eyen if retired)	. 1	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of Cefalu Ital		12. CITIZEN OF WHAT COUNTRY
13	. FATHER	'S NAME				14. MOTHER'S MAIDEN	NAME	
	Giu	seppe	Vazzana			Isabella Barr	anco	
15 (Ye	. WAS DEC	EASED EV	FR IN U.S. ARME! fyes, give war or date	D FORCES? e of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Luisa Salveti	(Wife) 36 N.	ADDRESS Milton Ave
ERTIFICATION	heart injur; DISE RISE UND	failure, a y or com ANT ASES OR TO THE A ERLYING	mean the mode of sthenia, etc. It mes plication which ceceptate CAUSTON CONDITIONS, INDUSTRIAL CONDITION LABORE (A)	ans the diseas caused death SES F ANY, GIVIN STATING TH	(C)	eriorelentis des	Cordio Von	cular
CE	TRIBU	HE DISEA	THE DEATH, BUT	NOT RELATE CAUSING 1	ED T	***************************************		
AL	19A. DA	TE OF O	PERATION 0 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
MEDICAL	21A. ACHOMICI	CIDENT. DE (S	SUICIDE. pecify)		CE OF INJURY (e. g., in arm, factory, etreet, office bldg., e		(If in Baltimore City	7, give exact location)
-	NIT . D.		th) (Day) (Year)		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID INJU	JRY OCCUR?	
24	decease	ANATURI	0n 11-10	, 19 <b>5</b> 0	deceased from and that death occur	38. ADDRESS 1129 PG		that I last saw the the date stated above 23c. DATE SIGNED (Fig. or county) (State)
TI	ATE RECI	A Specif	Novemb			al Cemetery 43	00 Old Freder	rick Rd.
	NOV 1			Un AM.		Fraul Delle	000 -	High St.

Newson 10 175				adust.		
			1 P.V.	matha .		
		eronid fat				
	97a 307	St. N. ME	Chart P			
	n 11 100	IL THE		002444	2121	
a e e		· ulules			funited) :	
		in Contract				
ava notical . 1 a						
						1,23,04

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 9674

	NAME OF DE Type or Print)	CEASED	Re	becc	a	Jahr	v		2. DATE OF DEATH	011.1	2/50
Α.	Baltimore C	ity, Mary					4. USUAL RESIDE	ENCE (W	here deceased live B. COUNTY		ution: residence before dimission)
H	FULL NAME ( OSPITAL OR STITUTION	122	1 F	al or instituti	on, give s	street address or location)	C. CITY OR TOWN	i (If	outside corporale l	innits, wri	RUIFAL and give
(		200	2//-	erorero	coun	Yrs.	D. STREET ADDR	ESS (If I	rural, give location	1)	,
	Length of st			60)	175.	Mos. Days	2332	Keis	lustous	n Ka	earl
F	emale	Who	te	Wie		DRCED (Specify)	8. DATE OF BIRTH	5	9. AGE (In year last birthday)	Months	Days Hours Min.
10	A. USUAL OCC	working life, er	(Give kind of ven if retired)	10B. KIND	OF PUS	INDUSTRY	11. BIRTHALACE	State or fo	reign country)	12.0	CITIZEN OF
13	FATHER S N		0	n	M	me	14. MOTHER'S MA	AIDEN NA	AME	14	, 3 H.
1 5	MAS DECEASE	DEVED IN	hill	ev	1 10 00		tag	2?			
(Ye	es, no or unknown)	(If yes, give	J. S. ARMEL	s of service)	16. SO SE	CURITY NO.	Charles L	ahn	-33047	NON	vot Rd.
	18. 332	2 ×				CAUSE	OF DEATH	02.1075			NTERVAL BETWEEN ONSET AND DEATH
3	DISEAS	E OR CON	TO DEA	DIRECTLY TH of dying, e. s		Con	elsel The	1 sm.	Lazi-		10/17/57
	heart failur	e, asthenia,	etc. It mea	ns the diseas caused death	e.	Е ТО			Ø0		7 1/00
7		ANTECEDE	NT CAUS	SES		Q.	chal Y &	lenere	lied		Means
NO I	RISE TO TH	HE ABOVE C	AUSE (A)	F ANY, GIVIN	IG .	в) E то	artesi	oscles	421		1
ICA	UNDERLY	ING CONE	DITION LA	IST.			-				
RTIF	OTHER S		II IT COND	ITIONS CON	<b>1</b> -	C)					
CE	TO THE DI	SEASE OR	CONDITION	NOT RELATE	т		***************************************				***************************************
AL	19A. DATE OF	FOPERATI	ONO	9B. MAJOR	FINDIN	GS OF OPER	ATION				YES NO X
EDICA	21A. ACCIDE HOMICIDE	NT, SUICII (Specify)	DE,	218. PLA about home, f	CE OF I	NJURY (e. g., ir y,street,office bldg., e	or 21c. WHERE E	DID (I: JR?	f in Baltimore Ci	ty, give e	exact location)
Σ	TIME ()	Month) (Da	ay) (Year)			URY OCCURRE	D 21F. HOW DIE	א א א א א א א א א א א א א א א א א א א	OCCUR?		
	00 71 1		7 . 7	m.	WHILE AT WORK	NOT WHILE	J 10 (	7. 1	Var II 1	0.50 12	
	deceased ali			. 70		t death occur	red at 130 A m.	, from th	1		at I last saw the ate stated above.
	23A. SIGNAT	mull	mo	44.	i,		11 E. Ch	lase 8	t. (Y)	23	DATE SIGNED
T	4A. BURIAL, C ON REMOVAL SI D WWAL	REMA- 24	B. DATE	150	Murl Murl	ath ache	or Crematory	Ball	CATION (City, t	May	unty) (State)
D	ATE RECEIVED			SSIGNATU			05. FUNERAL DIR	RECTOR	- India		ORESS -HA
_	NOV 1 319		6	10.00 1 H	- Wallet	* 11	Sal flind	my 12	10-1124	- 26 W	Noul
	VS 150								08	36	Thomas



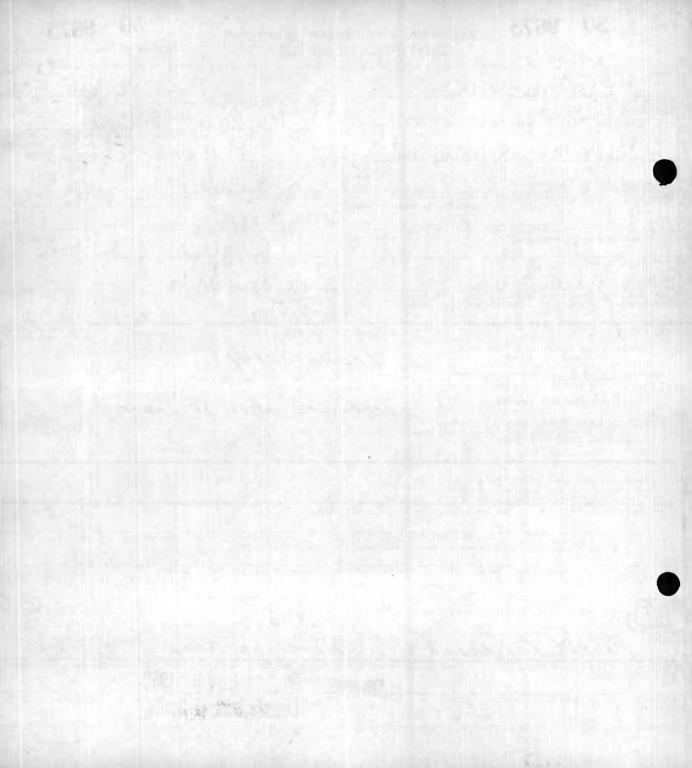
9675

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 50-23830 1. NAME OF DECEASED 2. DATE (Type or Print) TIRL DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. CONNTYL before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) D. STREET ADDRESS Yrs. (If rural, give location) Mos. c. Longth of stay in Baltimore Days 6. COLOR DR RACE SEX 7. SINGLE, MARRIED BIRTH H Under 1 Year 9. AGE (in years) If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours; Min. 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT SOUNTRY? INDUSTRY 18 FATHER'S NAME 14-MOTHER'S 16. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes. no or unknown! (If yes, give war or dates of service) 16. SOCIAL **ADDRESS** (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CEMATURIT (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ONSET OF LABOR ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA YES 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE! WORK he deceased from 19, to , 19, that I last saw the and that death occurred at 248 Am., from the eauses and on the date stated above. 22. I hereby certify that I attended the deceased from. deeeased alive on. 19\_ 23A. SIGNATURE ADDRESS 23c. DATE SIGNED 11-6-50 elle 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS 25. FUNERAL DIRECTOR

No 2 10 V 20 WILL 18

NOV 1 21000 VS 150

LOCAL REGISTRAR

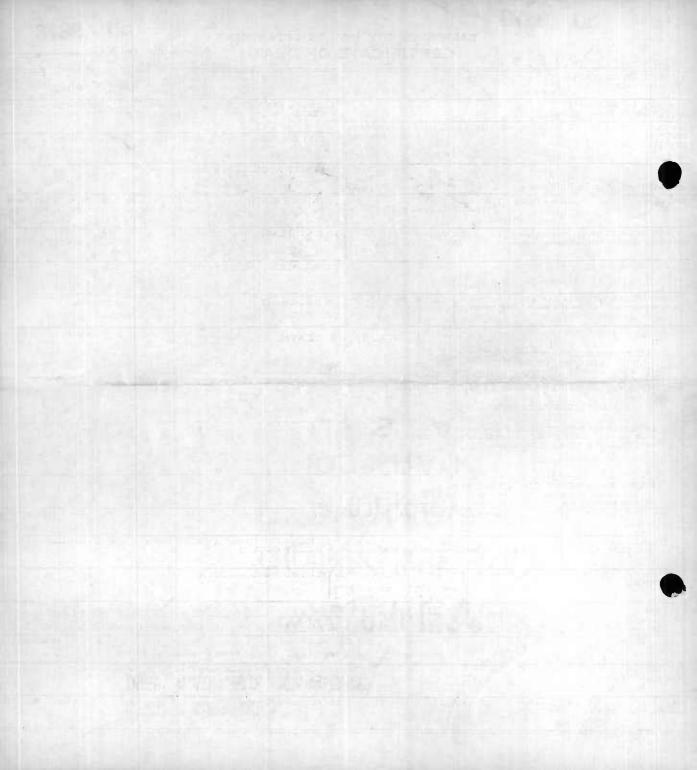


VS 150

# BALTIMORE CITY HEALTH DEPARTMENT

50 9676

BIRTH NO. 5 5	0-23650	CI	ERTIFICATI	E OF DEATH	Registered	l No.
1. NAME OF D (Type or Print)	ECEASED CHERY L	ANN	FERGUSON	J	2. DATE OF DEATH	7.5,1950
3. PLACE OF D A. Baltimore (				4. USUAL RESIDENCE (		If institution: residence before admission)
HOSPITAL OR	OF (If not in hospit		location)	c. CITY OR TOWN ()	If outside corporate lin	mits, write RURAL and give township)
	tay in Baltimore	242 hou	Mos.	D. STREET ADDRESS (I		
5. SEX	6. COLOR OR RACE	7. SINGLE, M WIDOWED	ARRIED. , DIVORCED (Specify)	8. DATE OF BIRTH N. 5,195	9. AGE (In years last birthday)	Months Days Hours Min.
10A. USUAL OC ork done during most o	CUPATION (Give kind of of working life, even if retired)	10B, KIND OF	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Bacto, Md	* /	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S N	NAME Ne bert	Fergus		14. MOTHER'S MAIDEN N	LEE	
15. WAS DECEASE Yes, no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES? 16	6. SOCIAL SECURITY NO.	17. INFORMANT	3 × 5. Ca	ADDRESS
(This does heart failu injury or DISEASE:	S OR CONDITION LEADING TO DEA' a not mean the mode of tre, asthenia, etc. It mes complication which of ANTECEDENT CAUS S OR CONDITIONS, I HE ABOVE CAUSE (A) YING CONDITION LA	I'H  If dying, e. g.,  ns the disease,  eaused death.)  SES  F ANY, GIVING  STATING THE	(A)	Respiratory fail	w	2 hour
TRIBUTING	SIGNIFICANT CONDI S TO THE DEATH, BUT ISEASE OR CONDITION OF OPERATION	NOT RELATED	(C)	ATION		20. AUTOPSY?
21A. ACCIDE HOMICIDE	NT, SUICIDE, (Specify)		OF INJURY (e.g., in factory,street, office bldg., e		(If in Baltimore City	yes No 7, give exact location)
22. I hereby	Month) (Day) (Year)	m. WHIL WO	ceased from No		WN 5, 19	So, that I last saw the
23A. SIGNAT	CREMA- 248, DATE	arco)	M. D. 4	3B. ADDRESS	2 america 1 to	23C DATE SIGNED
TION, REMOVAL (S	pecify	S SIGNATURE	JOHN	HOPKINS MEDICAL SCHOOL N	10V 9 1950	ADDRESS
LOCAL REGIST	PAR	SIGNATURE	Committee of the same of the	CONTRACTOR OF THE PARTY OF THE	ouar of Health	70011200



-	CERTIFICATE CORRECTE	)_11-17-50	
	9577 CERTIFICAT	EALTH DEPARTMENT 50 967	77
1	INAME OF DECEASED  Type or Print) JOSEPH TERZICH	BORISLAY 2. DATE OF DEATH 11-11-5	0
	B. PLACE OF DEATH:  Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence as COUNTY before and B. COUNTY before and B. COUNTY	lence
В	I. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location	c. CITY OR TOWN (If outside corpord) liquits, well RURAL	and give
1	BON SECOURS HOSPITAL	BALIMORE	wnship)
C	Yrs. Mos. Days	o. STREET ADDRESS (If rural, give location)  2521 HOLLINS STREET	
-	S. SEX  6. COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specific MARRIED)  MALE  MARRIED	8. DATE OF BIRTH 9. AGE (in years) if Under I Year   If Und	er 24 Hours s Min.
10	OA. USHAL OCCUPATION (Give kind of rk done dring most of working life, even if retired)  ALESMAN  HOME	BALTIMORE, MD.	
1:	3 FATHER'S NAME	14 MOTUEDIO MAISTIN MANA	
1.5	JOSEPH TERZICH	AMELIA TELICH	
(¥¢	WAS DECEASED EVER IN U. S. ARMED FORCES?  (If yes, give war or dates of service)  (If yes, give war or dates of service)  (If yes, give war or dates of service)	AMELIATERZICH 1314 ME HENRY	St
	9.6	OF DEATH INTERVAL B	DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,	EBRAL VASCULAR ACCIDENT 16	0
	heart failure, asthonia, etc. It means the discase, injury or complication which caused death.)	POME MISCULAN ACCIONAL 16	lite
	ANTECEDENT CAUSES		
Z O	DISEASES OR CONDITIONS, IF ANY, GIVING	IGNANT HYPERTENSION 5	12
	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	IGNANT HYPERTENSION 5-4	12
	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	IGNANT HYPERTENSION 5-4	
	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)		12
	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	RATION 20. AUTO	PSY?
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	RATION 20. AUTO YES  in or   21C, WHERE DID (If in Baltimore City, give exact locations)	PSY?
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEED TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEED TO THE DEED TO THE DEED TO THE DEED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., about home, farm, factory, atreet, office bidg. CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRENTIAL CONTRIBUTIONS OF OPE 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRENTIAL CONTRIBUTIONS OF OPE 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRENTIAL CONTRIBUTIONS OF OPE 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRENTIAL CONTRIBUTIONS OF OPE 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRENTIAL CONTRIBUTIONS OF OPE 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRENTIAL CONTRIBUTIONS OF OPE 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRENTIAL CONTRIBUTIONS OF OPE 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRENTIAL CONTRIBUTIONS OF OPE 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRENTIAL CONTRIBUTIONS OF OPE 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRENTIAL CONTRIBUTIONS OF OPE 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRENTIAL CONTRIBUTIONS OF OPE 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRENTIAL CONTRIBUTIONS OF OPE 21D. TIME (MONTH) (M	RATION  20. AUTO  YES   In or   21c. WHERE DID   (If in Baltimore City, give exact location in the control of t	PSY?
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DEATH, BUT NOT RELATED TO THE DEATH, BUT NOT RELATED TO THE DEATH OF	RATION    20. AUTO	PSY? No Dn)
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DEATH, BUT NOT RELATED TO THE DEATH, BUT NOT RELATED TO THE DEATH OF	RATION    20. AUTO	PSY? No Dn)
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSING IT.  21A. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURING INJURY (A. E., about home, farm, factory, street, office bidg. CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURING INJURY (A. E., about home, farm, factory, street, office bidg. CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURING INJURY (A. E., about home, farm, factory, street, office bidg. CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURING INJURY (MORK) 22. I hereby certify that I attended the deceased from 1/2 deceased alive on 1/2 (1), 19 50 and that death occuring and the decease and the d	RATION  20. AUTO  VES   In or 2IC. WHERE DID (If in Baltimore City, give exact location in or INJURY OCCUR?  RED 2IF. HOW DID INJURY OCCUR?  1950, to /// , 1950, that I last some at // 5, m., from the causes and on the date stated 23B, ADDRESS	PSY? No Dn)
	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 20B. About home, farm, factory, street, office bidg. CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR. INJURY  22. I hereby certify that I attended the deceased from 1/2 deceased alive on 1/4 // 1950 and that death occu. 23A. SIGNATURE  CLAUSE OF DEATH  AT WORK  M. D. CRELAKE M. D.	RATION    20. AUTO   YES	PSY? NO Don)  aw the above. IGNED
MEDICAL CERTIFICATIO	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITIONS. IT ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DESEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRING INJURY  22. I hereby certify that I attended the deceased from 1 deccased alive on 1/1/2, 1950, and that death occurring the control of the cont	RATION    20. AUTO   YES	PSY? No Dn)
MEDICAL CERTIFICATIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH. BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21B. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRING INJURY (e.g., about home, farm, factory, street, office bldg. CAUSE OF DEATH 21B. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRING INJURY (MORK AT WORK AT WO	RATION  20. AUTO  YES   In or 2IC. WHERE DID (If in Baltimore City, give exact location in or INJURY OCCUR?  RED 2IF. HOW DID INJURY OCCUR?  1950, to /// , 1950, that I last some at the date stated at // p.m., from the causes and on the date stated 23B. ADDRESS  Born Second 24D. DOCATION (City, town. or county)	PSY? NO Don)  aw the above. IGNED
MEDICAL CERTIFICATIO	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bidg. CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR! NJURY  22. I hereby certify that I attended the deceased from deceased alive on 1/1, 19 50 and that death occur are received by REGISTRAR'S SIGNATURE  AT BURIAL, CREMA 24B. DATE 24D NAME OF CEME ARMOVAL (Flecify) REGISTRAR'S SIGNATURE	RATION  20. AUTO  YES   In or 2IC. WHERE DID (If in Baltimore City, give exact location in or INJURY OCCUR?  RED 2IF. HOW DID INJURY OCCUR?  1950, to /// , 1950, that I last some at the date stated at // p.m., from the causes and on the date stated 23B. ADDRESS  Born Second 24D. DOCATION (City, town. or county)	PSY? NO Don)  aw the above. IGNED

1821982 HOLES YELLOW MARCHER W. L. Dances F. L. S. W. V. S. W. D. S. W. W. The Parties

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) John A. Silberzahn DEATH NOV. 11, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write BURAL and give 1162 W. Hamburg St. INSTITUTION township Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 1162 W. Hamburg St. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED B. DATE OF BIRTH 9. AGE (in years) Il Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. idowed Oct. 16.1883 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Machinist, Retired Bartlett-Hayward 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Charles A. Silberzahn Mary Hissey 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
You, no or unknown)
(If you, give war or detes of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mrs Helen Griffin 1162 W. Hamburg St INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. П OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH P. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY Nov. 11 , 1950 that I last saw the 22. I hereby certify that I attended the dcceased from Man deceased alive on Mr. 10, 19 10 and that death occurred at 6 30 mm., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED M. D. 24A. BURIAL, CREMA TION, REMOVAL (Specify 24c. NAME OF CEMETERY OR CREMATORY 24D. LOGATION (City, town, or county) DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150 4434

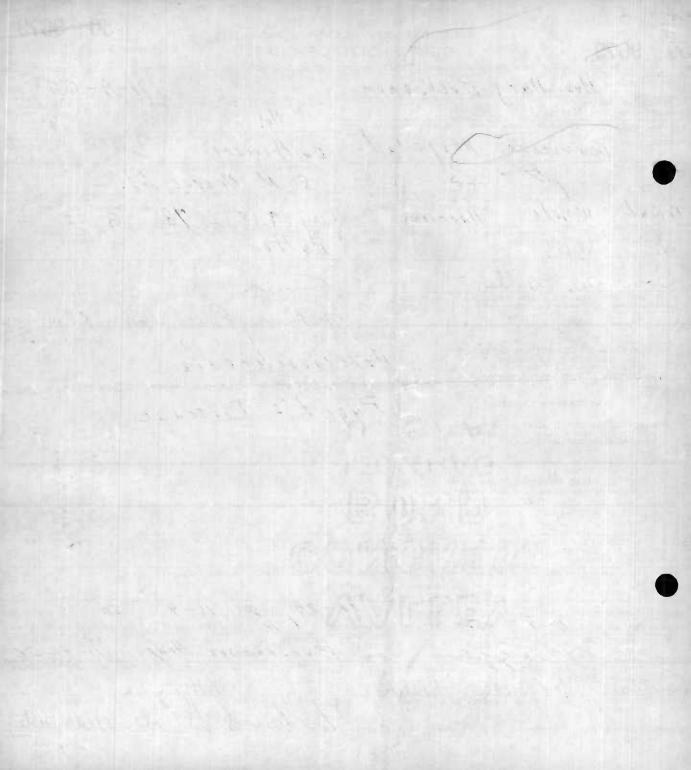
in annual Che Light of make have been a first

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	50	96	79
Registered	No.		

155.0

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Mrs. Mary Buchsbaum	2. DATE OF DEATH 11-9-50
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION BON SECONTS HOSPI, tal	c. CITY OR TOWN (If outside corpored limits, write MUTAL and give Bar Fimore
c. Length of stay in Baltimore Life Days	8 N. Monroe S
Female 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8 OATE OF BIRTH  9. AGE (In years if Under I Year Months: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	TY. INFORMANT ADDRESS ADDRESS
18. 450.0 CAUSE	OF DEATH INTERVAL BETTERN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	erioscherosis
ANTECEDENT CAUSES  O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	get's Disease
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bidg., e	
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e	INJURY OCCUR?
INJURY (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRING WHILE AT WORK NOT WHILE AT WORK	ED 21F, HOW DID INJURY OCCUR?
22. I hereby certify that Lattended the deceased from	0 - 29, 19.50, to 11 - 9, 195Qthat I last saw the
deceased alive on 1/- 9, 1950, and that death occur	red atm., from the causes and on the date stated above.
16332 M.D.	Bonseowors Hosp. 11-9-50
24a. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE TION REMOVAL (Specify)  10/13.1950	RY OR CREMATORY 24b. LOCATION (City, town, or county) (State)
DATE RECEIVED BY   REGISTRAR'S SIGNATURE	Trederick & Jole 1913W, Batter



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give JAMES HOPKIES HOSPITAL INSTITUTION township) (If rural, give location) Yrs. D. STREET ADDRESS 2. Mos. c. Length of stay in Baltimore Dava 6. COLOR OR RACE | 7. SINGLE, MARRIED If Under 1 Year AGE (In years) AGE (In years | H Under | Year | H Under 24 W | last birthday) | Months; Days | Hours: M NIDOWED, DIVORCED (Specify) IOA. USUAL OCCUPATION (Give kind of work done doring most of working life, even if retired) 108. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF Columbia mercian 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH 410 X ONSET AND OFATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

REGISTRAR'S SIGNATURE

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

21B. PLACE OF INJURY (e. g., in or )

about home, farm, factory, street, office bldg., etc.)

(If in Baltimore City, give exact location)

21F. HOW DID INJURY OCCUR?

21A. ACCIDENT, SUICIDE. (Specify) HOMICIDE

INJURY

23A. SIGNATUR

10. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT

WORK

22. I hereby certify that I attended the deceased from 5 1950 to 100 1, 1950 that I last saw the deceased alive on how. 11, 1950, and that death occurred at 11

25. FUNERAL DIRECTOR

21c. WHERE DID

INJURY OCCUR?

m., from the causes and on the date stated above.

23c. DATE SIGNED

24A. BURIAL CREMA-24B, DATE

24c. NAME OF CEMETERY OR CREMATORY | 24c. LOCATION (City, town, or county)

WALS GUPKIES MORPHE

Barrenguilla, Columbia

ADDRESS

TION, REMOVAL (Specify 11-17-50 Burial

John O. Mitchell & Sous Inc.

VS 150

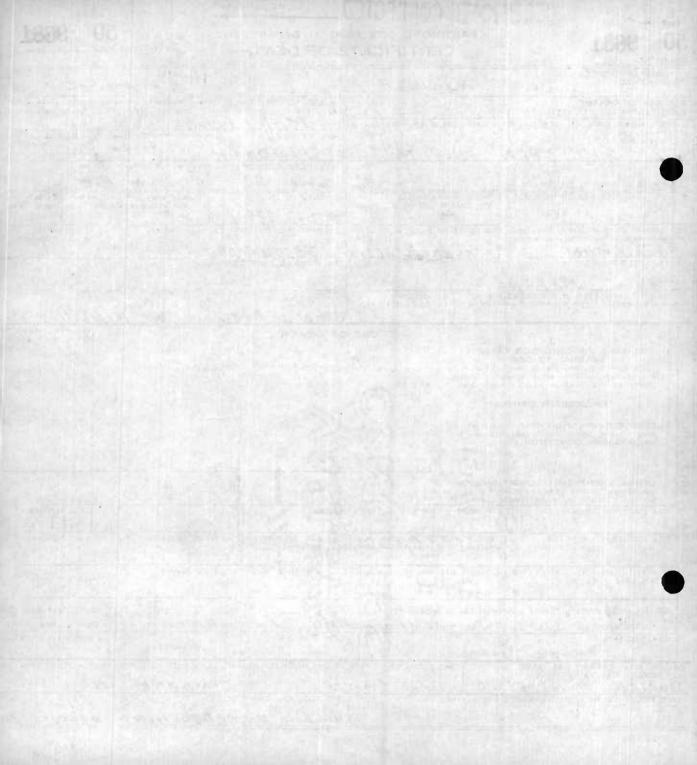
DATE RECEIVED BY

LOCAL REGISTRAR

NO P

Was the strengente head condition. accompanied by action alreaded ferer about the time of death? ここれに 上まれていると Or inster quescert - a chimic condition? Der Domment File vo- 9680 11-27-50

	424	+ CERT	IFICATE	E CORRECTE	11-15-50	- VAR	
5							50 9681
ВІ	CERTIFICATE OF DEATH Registered No						
	NAME OF D ype or Print)		C.m	ershall		2. DATE OF DEATH //~	12-50
	PLACE OF D Baltimore (	EATH / City, Maryland			4. USUAL RESIDEN	CE (Where deceased lived. I. B. COUNTY	f institution: residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	tal or institut	ion, give street address o location		(If outside corporate limi	ts, write RURAL and give
		UTHERA	n H	SPITAL	DUNDA	CK F	township)
K	Daniel of a	Acres In Delition		Yrs. Mos.	D. STREET ADDRESS (If rural, give location)  226 ST. HELENO AVE		
-	SEX	tay in Baltimore	7. SINGLE	Days E, MARRIED,	8. DATE OF BIRTH		A VE If Under 1 Year   If Under 24 Hours
	M	w	WIDOW	PA - Widowed	OCT. 13, 1884	last birthday) M	onths Days Hours Min.
warl	dane daring most o	CUPATION (Give kind of working life, even if retired)	10B, KINE	OF BUSINESS OR INDUSTR	- A -		12. CITIZEN OF WHAT COUNTRY?
13	REPAIR.	M/HW NAME	BETHL	BHUM STEE	14. MOTHER'S MAID		
OHARLES MARSHOLL							
15	. WAS DECEASE	ED EVER IN U. S. ARME	D FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
(10	s, DD OF UDADDWD)	(If yes, give wer or date	sa ni service)	SECURITY NO.	JOHN J. MAI		INSHIP-24
	18. 420	.1	15000	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	1	SE OR CONDITION				,	ONSET AND BEATH
	(This does	not mean the mode are, asthenia, etc. It me	of dying, e. 1	e., (A) Ucula	negrandial.	Infarction	
	injury or	complication which	caused death	.) DUE TO		0	
7		ANTECEDENT CAU	SES	(2)			
TION	RISE TO T	S OR CONDITIONS,	STATING TI				
<b>4</b>	UNDERL	YING CONDITION L	AST.				
RTIFIC		II		_(C)			
Ш	TRIBUTING	SIGNIFICANT COND G TO THE DEATH, BUT	NOT RELAT	ŁD .			
0		OF OPERATION		FINDINGS OF OPE	RATION		20. AUTOPSY?
SAL							YES NO
EDIC	HOMICIDE	ENT. SUICIDE, (Specify)		ACE OF INJURY (e. g., farm, factory, street, office bldg			give exact location)
Σ	F INJURY	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURI	RED 21F. HOW DID IN	NJURY OCCUR?	
	4 - 11		m.	WHILE AT NOT WHILE WORK			
	22. I hereb	y certify that I at	tended the	deceased from	11-5 1950,	to 11-12, 195	that I last saw the
	deceased at	live on 11-12	_, 19 <i>50</i> _,	and that death occi	urred atA_m., fr 238. ADDRESS	rom the causes and on t	the date stated above.
	23A, SIGNA	Serome &	Jaber	м. р.	Luther	en Harg.	11-12-50
24	AA. BURIAL, ON, REMOVAL (S	CREMA- 24B. DATE		24c. NAME OF CEMET	ERY OR CREMATORY 2	24D. LOCATION (City, town	n, or county) (State)
2	BURIAL	11/137	50	OAK LAV		COLGATE	MD
D.	ATE RECEIVE		'S SIGNATU	The second secon	25. FUNERAL DIREC		ADDRESS
	MAN 1 313	150		• //	VULRICH POP	VERBU HOME	DUNDAUK AU
	VS 150			5543	4	,	940
				3373	/ )	-	( )



9682 BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED (Type or Print) 2. DATE CHARLES WAGNER DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. (If rural, give location) Mag c. Length of stay in Baltimore Days AGE (In years | If Under 1 Year hirthday) | Months Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) Hours: Min. Mar. 24, 1888 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY USA WHAT COUNTR Dairy Baltimore, Md. Salesman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Wagner Amelia ? 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or nnknown) (If yes, give war or dates of service) 17. INFORMANT 1422 E. Lanvalen Stree 16. SOCIAL (Yes, no or nnknown) Mrs. Mamie M. Wagner 18. 4-201 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY lar Fibrillation LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. cardir- vasc. disease OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION EDICA 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Σ 21F. HOW DID INJURY OCCUR? ID. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED

INJURY WHILE AT WORK

22. I hereby certify that Lattended the deceased from AM 10 Na. 1950, to 811 10 Nov., 1950, that I last saw the deceased give on 1950 and that death occurred at 8:00 Am from the 19 5P and that death occurred at 8:004 m., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED

Md.

25 FUNERAL DIRECTOR

23A, SIGNATURE 24c. NAME OF CEMETERY OR CREMATORY 24D. LECATION (City, town, or county) TION, REMOVAL (Specify) Western Cemetery

burial DATE RECEIVED BY LOCAL REGISTRAR

49068

Baltimore, Md. INCADDRESS

VS 150

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED HARLES T- T CHARLES THOMASA FE HOM AS DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland B. COUNTY before, admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If putside corporate limits, write RURAL and give INSTITUTION Yrs. ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE rtinlay) | Months: Days | Hours | Min. 10A. USUAL OCCUPATION (Givekindnf) 10B. KIND OF BUSINESS OR or foreign country) 12. CITIZEN OF rork done during most of working life, even if retired) INDUSTRY MARKET KESEARCH CON. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Shirley Avences (Yes, no or unknown) (If yes, give war nr dates of service) Mrs Clara M. Thomas INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY UREMIA LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO HYPERTENSIVE CARDIO-ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING VASCULAR DISEASE RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

198. MAJOR FINDINGS OF OPERATION

19A. DATE OF OPERATION

21A. ACCIDENT WAS UNDER-

CAUSE OF DEATH

LYING OR CONTRIBUTING

218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT

NOT WHILE

21F. HOW DID INJURY OCCUR?

\_, 19.50, that I last saw the

19 Jo, to\_ 22. I hereby certify that I attended the deceased from 19 50. and that death occurred at 6 Pm., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED

ON REMOVAL (Specify) DATE RECEIVED BY

LOCAL REGISTRAR

OakLawn cemetery

REGISTRAR'S SIGNATURE

BALTO., 13

Baltimore, VMd. HENRYERSANDER SONS, INC. ADDRESS

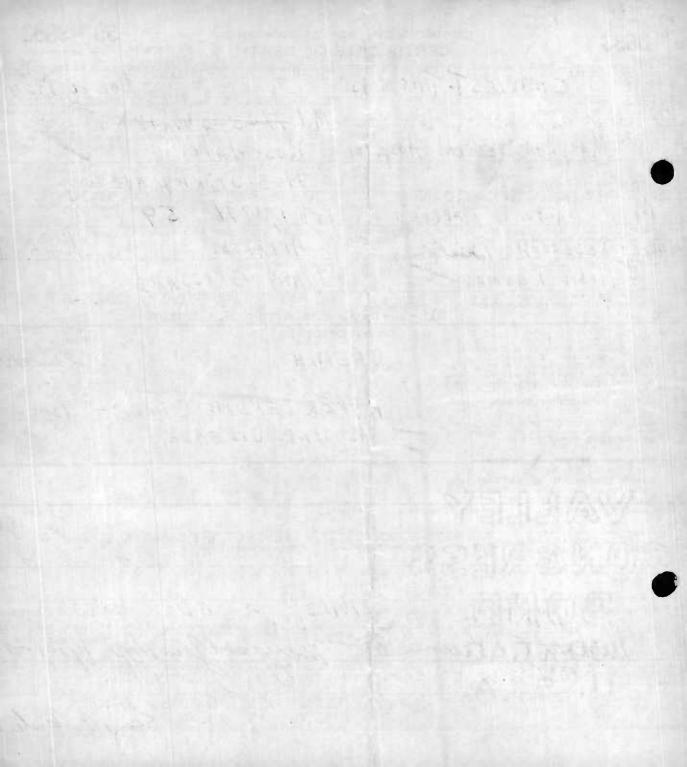
MD.

CATION (City, Jown, or county)

VS 150

08124

24C. NAME OF CEMETERY OR CREMATOR



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF 11-12-50 ARTHUR MCGILVERY DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY MARYLAND B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits write RURAL and give INSTITUTION MARYLAND GENERAL

7. SINGLE, MARRIED.

Married

WIDOWED, DIVORCED (Specify)

Steel MillyDustry

16. SOCIAL

OUE TO

DUE TO

198. MAJOR FINDINGS OF OPERATION

218. PLACE OF INJURY (e.g., in or

21E. INJURY OCCURRED

about home, farm, factory, street, office bldg., etc.)

WHILE AT

22. I hereby certify that I attended the deceased from 11-1

deceased alive on 11-12, 1950, and that death occurred at 12 4

PRIBABLE CARCINOMA, OF

108, KIND OF BUSINESS OR

c. Length of stay in Baltimore

10A. USUAL OCCUPATION (Give kind of

work done during most of working life, even if retired)

STEEL WORKER

19A. DATE OF OPERATION

CAUSE OF DEATH

INJURY

23A. SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify) DUP121

DATE RECEIVED BY

LOCAL REGISTRAR MOV 1 31050 VS 150

21A. ACCIDENT WAS UNDER

LYING OR CONTRIBUTING

10. TIME (Month) (Day) (Year) (Hour)

13. FATHER'S NAME

6. COLOR OR RACE

JOSEPH MCGILVERY

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g.,

heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, po or unknown) (If yes, give war or dates of service)

5. SEX

Yrs. Mos.

Days

6603 KENWOOD AVE

9. AGE (In years)

PANCREAS

1950, to 11-12 , 1950 hat I last saw th

Pm., from the causes and on the date stated above

Baltimore, Md.

(If in Baltimore City, give exact location)

o. STREET ADDRESS (If rural, give location)

11. BIRTHPLACE (State or foreign country)

14. MOTHER'S MAIDEN NAME

ACUTE PANCREATITIS

21c. WHERE DID

INJURY OCCUR?

LILLIAN MCGILVERY

CHEMICAL PERITONITIS

21F. HOW DID INJURY OCCUR?

TRY SANDER & SONS

(C) CARCINOMA OF PANCREAS (PROBABLE) 6 mm

PENNSYLVANIA

ROBINS

BALTIMORE

10-27-01

17. INFORMANT

CAUSE OF DEATH

before admission

12. CITIZEN OF WHAT COUNTRY

INTERVAL BETWEEN

ONSET AND DEATH

& DAYS

6 DAXS

20. AUTOPS

23c. DATE SIGNED

YES

U.S.A.

If Under 1 Year

last birthday) Months: Days Hours: Min.

ADDRESS

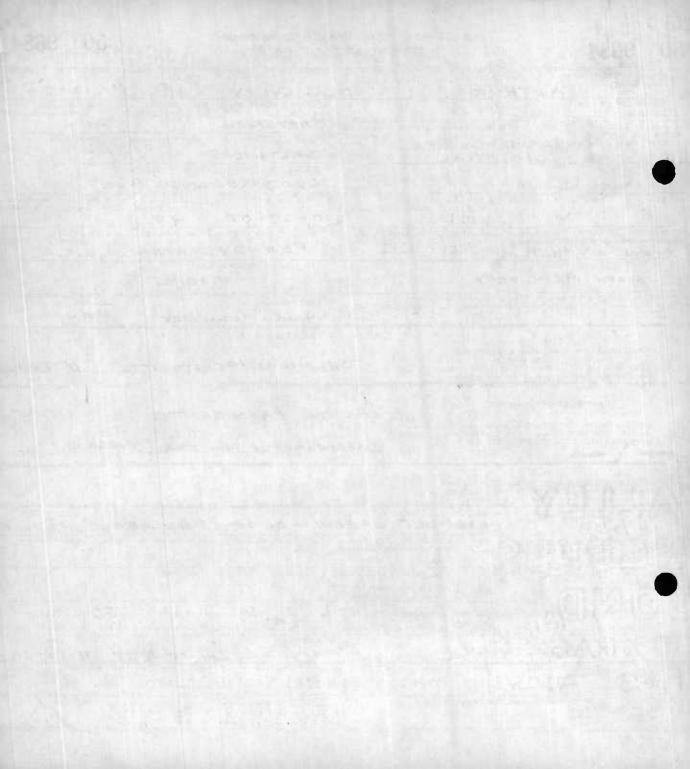
SAME

Moreland Memorial Cem REGISTRAR'S SIGNATURE

690 3A

23B. ADDRESS

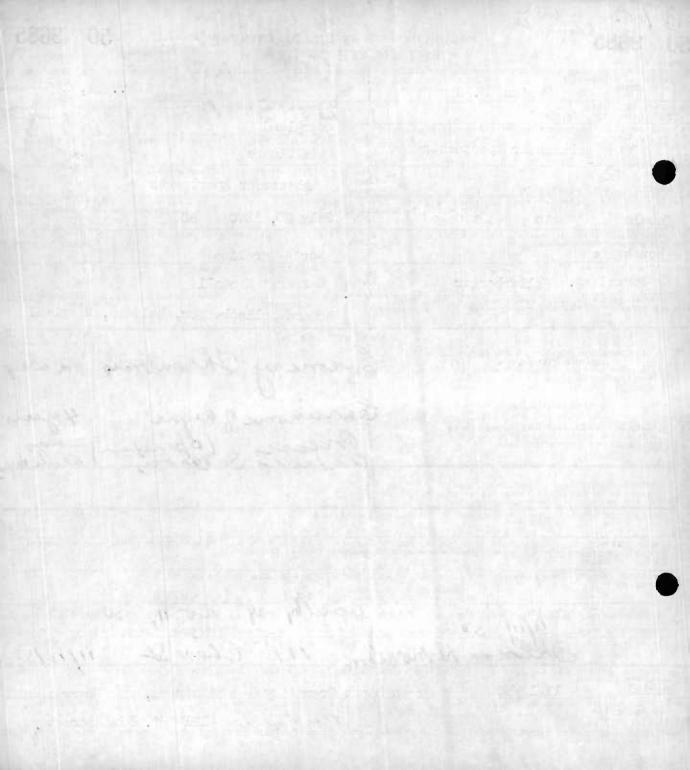
INC



## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 9685 Registered No.

1. NAME OF DECEASED (Type or Print)  Mariot	s. Sharpe		of Nov. 1	1, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospit: HOSPITAL OR	al or institution, give street address or location) Apartments		DEATH Where deceased lived. If inst B. COUNTY f outside corporate limits,	before admission)
c. Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If Ambassador Ap		
5. SEX 6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WICOWED	July 20, 1870	9. AGE (In years If Undo	er I Year H Under 24 Hours S Days Hours Min.
10A. USUAL OCCUPATION (Give kind of rork done during most of working life, even if retired)  housewife  13. FATHER'S NAME	INDUSTRY	North Carolina 14. MOTHER'S MAIDEN N	AME	CITIZEN OF WHAT COUNTRY?
	nberger	Margaret Randa	11	
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or nokoowo) (If yes, give war or dated	of service) 16. SOCIAL SECURITY NO.	McCord Sollenbe	rger, Baldwin,	RESS Maryland
(This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which complication which complication which complication which complication which complication with the complication of the significant condition of the death, but to the disease or condition to the disease or condition.	rathe disease, aused death.) DUE TO  ES  FANY, GIVING STATING THE DUE TO  ST. (C)  TIONS CON- NOT RELATED	ranoma ?	Right Operation	4 years
	98. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH  O. TIME (Month) (Day) (Year)	WHILE AT NOT WHILE	ED 21F. HOW DID INJUR	If in Baltimore City, give	
22. I hereby certify that I att deceased alive on 23A. SIGNATURE	1, 19.50, and that death occur		the causes and on the class (L	
24A. BURIAL, CREMA- TION, REMOVAL (Specify) burial 12/13/5 DATE RECEIVED BY REGISTRAR'S	24c. NAME OF CEMETE  GO Green Mount s signature		OCATION (City, town, or	Maryland
VOV-1 31950	A I harding III	I'm Cook nic	1217 St. Paul	Street
VS 150				0 000

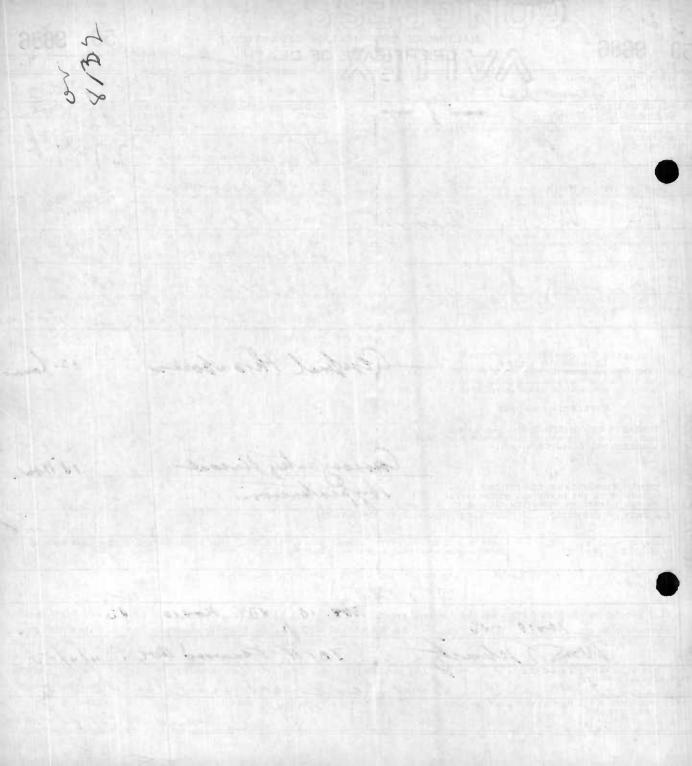


9686

#### BALTIMORE CITY HEALTH DEPARTMENT

50 9686

BIRTH NO.	TE OF DEATH
1. NAME OF DECEASED (Type or Print)	2. DATE /// 2 = 2
3. PLACE OF DEATH:	OF DEATH
A. Baltimore City, Maryland 2/00 Cchodal	4. USUAL RESIDENCE (Where deceased lived, If institution; residence a. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address HOSPITAL OR location	
INSTITUTION	Hellemare toonship)
Yrs	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Day	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOVED DIVORCED (Speci	8. DATE OF BIRTH 9. AGE (In years   II Under I veer last birthday) Months: Days Hours Min.
OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
ork done during most of working life, even if retired)	Dalfimare WHAT COUNTRY?
13. FATHER'S NAME 1 Swister	14. MOTHER'S MAIDEN NAME
Edward Juesler	Margaret Lunger
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO	1/1/1 / DITE - A - 17 . Ocal . A - 2
	OF DEATH
18. 420.1 CAUSE DISEASE OR CONDITION DIRECTLY	OF DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	refered thrombosis 12 teams
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES	
(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	+1.
(c)	eong antry disease. IN mos
OTHER SIGNIFICANT CONDITIONS CON-	Sestimon.
TO THE DISEASE OR CONDITION CAUSING IT.	TRATION 1 20 AUTOROX
198. DATE OF OPERATION 198. MAJOR FINDINGS OF OP	ERATION 20. AUTOPSY?
21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g.	, in or   21C. WHERE DID (If in Baltimore City, give exact location)
HOMICIDE (Specify) about home, farm, factory, street, office bld	g.,etc.) INJURY OCCUR?
P. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUPINJURY	RRED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHI	
22. I hereby certify that I attended the deceased from	W 0 , 1900, to Mario , 1910 that I last saw the
deceased alive on Korio, 19 vo. and that death occ	
23A. SIGNATURE	23B. ADDRESS 23C. DATE SIGNED
M. D.  24A. BURIAL, CREMA- 24BOATE   22 NAME OF CEME	701 N Clawsod Que . 11/1/50 TERY OR CREMATORY 24D. MOCATION (City, town, or county) (State)
TION, REMOVAL (Specify)	A Secretary of the second of t
DATE RECEIVED BY   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
NOV 3 3 950 was righted in	A I Takes Jano 13/8 high
	11 muy over 1 of 1 of
VS 150	0942



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 9687 Registered No.

. NAME OF D Type or Print)	ECEASED	LEVII	N A. WROTEN			2. DATE OF DEATH	Nov.	11,	1950
Baltimore (	EATH: City, Maryland			4. USUAL RESIDE	ENCE (Who				residence re admission)
FULL NAME		al or institu	tion, give street address or	Md.			- 1/19		7
NSTITUTION	3704 Wa	od mid d m	location)	c. CITY OR TOWN	(lf or	utside corporate l	mits, wr	UOU	L and give
	3704 Wo	ourlage	Yrs.	D. STREET ADDRE		ral give location	0		
	tay in Baltimore		Mos. Days	3704 Wood					
male	6. COLOR OR RACE	7. SINGL WIDOV Mari	E, MARRIED, VED, DIVORCED (Specify)	June 18, 18	106	9. AGE (In years last birthday) 80			If Under 24 Hours Hours Min.
rk dooe during most	CUPATION (Give kind of of working life, even if retired)		of Business or INDUSTRY Construction	II. BIRTHPLACE (S		eign country)		CITIZE	EN OF COUNTRY
3. FATHER'S	NAME			14. MOTHER'S MA		/E			
Joseph Wroten				Clementin	ne Wrot	ten			
5. WAS DECEASED EVER IN U, S. ARMED FORCES? es, co or ucknown) (If yes, give war or dates of service) SECURITY NO.				17. INFORMANT	Wroten	- 3704	ADDR Wood:		e Rd.
18. 1/2 2	2.1		CAUSE	OF DEATH				NTERV	AL BETWEEN
DISEAS	SE OR CONDITION		1	4.4	Beerley H			ONSET	AND DEATH
heart failu	LEADING TO DEA's not mean the mode of tre, asthenia, etc. It mea eomplication which of	of dying, e. :	se,	oric My	OCAR	DITIS.			yr.
	ANTECEDENT CAUS								
DISEASE			(D)	ERIOSCL	EROS	15		5	- grs
RISE TO T	S OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA	STATING T							
ONDERE	TING CONDITION LA	151.	(C)			***************************************			******************
OTHER S	II IGNIFICANT CONDI	TIONS CO	N •						
	TO THE DEATH, BUT								
19A. DATE C	F OPERATION 0 1	9B. MAJOR	FINDINGS OF OPER	ATION				20. A	UTOPSY?
21. 15510		l 21a Bi	ACE OF INITIBY ( 5	or 21c. WHERE D	VD (If	in Baltimore Cit	u givo	YES L	NO L
	R CONTRIBUTING DEATH		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e			in Baitimore Ch	y, give	exact I	ocation)
NJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR		INJURY (	OCCUR?			
		m.	WHILE AT NOT WHILE						
22. I hereb	y certify that I att	ended the	deceased from IA	red at 230 Pm	from the	eauses and or	o the di	at I le	ast saw the
23A. STONA		1/	2	3B. ADDRESS	104	0			TE SIGNED
410	man K	Den	mand M.D.	3803 Edn	would	on the		11/1	3/50
ON REMOVAL (S Burial	Specify) 248. DATE 11/14/5	0	Greenlawn Cen			dge, Md.		ounty)	(State)
ATE RECEIVE		S SIGNATI	JRE	25 FUNERAL DIR	CTOR .	01//	AD	DRESS	of
	350	ne land	WITH STATE OF THE	VIm. 4.	rich	ner & XV	ns =	90	WW 1
VS 150							4	1	mu.
				a policy is a		0	73	0	

cant in vet . It Than been been been all the . he see the viscos have south and amb · Del auxiliants del colonia . OR OFFICE OF STREET

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 9688 Registered No

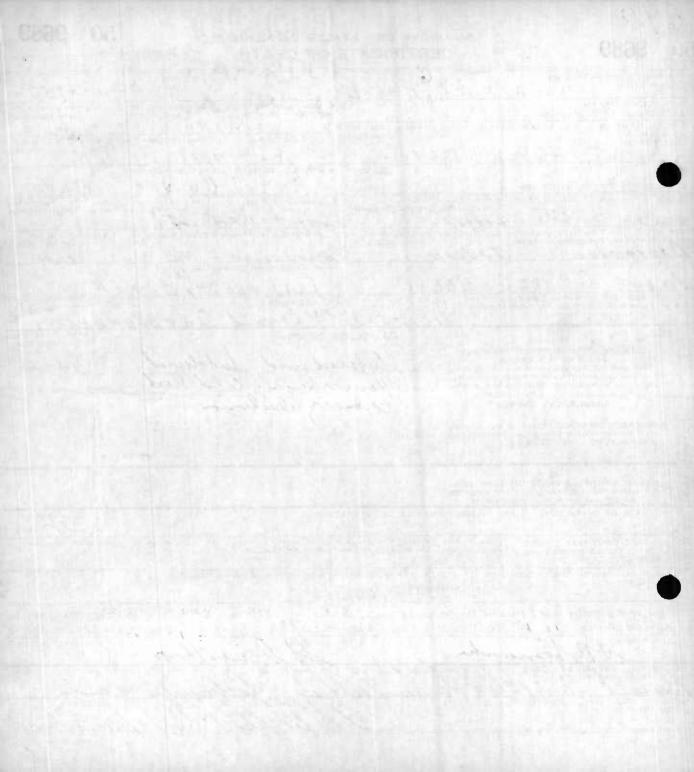
1. NAME OF DECEASED 2. DATE (Type or Print) RAYMOND GLADSTONE TITUS 4. USUAL RESIDENCE (Where deceased lived. If institution; purishence B. COUNTY before a dission) 3. PLACE OF DEATH: A. Baltimore City, Maryland (If not in hospital or institution, give street address or Maryland B. FULL NAME OF location) C. CLTY TOR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) nurc Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED last birthday) Months Days Hours Min. 9. AGE (In years) WIDOWED, DIVORCED (Specify) 10A. USLIAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dooe during most of working life, eyen if retired) INDUSTRY 13. PATHER'S NAME 14. MOTHER'S MAIDEN NAME William Golden Titus Maggie Fisk 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknowo) (If yes, give war or dates of service) 215-09-2040 no Mrs. Dovonia Titus - 1003 Rosedale St. NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) c. WHERE DID 218. PLACE OF INJURY , in or (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED ID. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WHILE AT 1950 to Nort 1950 that I last saw the 22. I hereby certify that I attended the deceased from O 2 19 50, and that death occurred at 10:5 deceased alive on\_ m, from the causes and on the date stated above. 23A. BIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. SURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY Burial 11/14/50 Loudon Park Com. Balto. Md. DATE RECEIVED BY 25, FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR ckner - VSal VS 150 5108B

See Dorument File 50-9688.

Corrected causes of death by fundings operational + autopay
11. 27. 56
ES.

. we shall proved the Delt

640		.00
		89
BIRTH NO.	E OF DEATH Registered No.	
(Type or Print) CLARENCE. HOERL	2. DATE OF DEATH //-/0-/93	0
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: res.	idence idmission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	MARYLAND	
110 8T. AGNES, HOSPITAL		L and give township)
JoYrs. Mos.	D. STREET ADDRESS (If rural, give location)	
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years   Il linder   Year   William	Inder 24 Hours
male white Single	Lune 4 - 1904 last birthday) Months Days Hot	urs Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN WHAT CO	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	V.
LOAN GEORGE HOERL	ELIZ ARETHA BOWEN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS	Solma
18. 1/20.1	OF DEATH	· E
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ONSET AN	D DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.	nachmond Sutdened Od-	hor.
injury or complication which caused death.) DUE TO Here	inheges - Old lion.	
ANTECEDENT CAUSES CONT	an delino	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
(C)		
OTHER SIGNIFICANT CONDITIONS CON-		3371
TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	20. AUTO	OPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,		tion)
CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	ZED 21F. HOW DID INJURY OCCUR?	
INJURY  mork  mork  not white at mork  at work		
22. I hereby certify that I attended the deceased from deceased alive on 11-10, 1950, and that death occur	1950, to Nov 10, 1950, that I last	saw the
deceased alive on 1/- 10, 19 50, and that death occur	rred at 5 - Am., from the causes and on the date stated	d above.
Homowh M.O.	St Vends born	
24A. BURIAL, CREMA 24B. DATE 24C NAME OF CEMETE	RY OR CREMATORY 240, LOCATION (City, town, or county)	(State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL PIRECTOR ADDRESS	
NUV 1 3195U	D. Wisperly Dow - Bro Enton	WA
VS 150	1 10	- 17



DALITHORS CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH OPPL | Teleproli

160 50 0004 B 1. (T 3. A. B. H. I.

В	9691	(162511) To-24 ROO	BAI	CERTIFICATI	E OF DEATH	Registered I	70 3031		
1.	NAME OF D	ECEASED	y Coope	er "Vernetta"		2. DATE OF NOVE	mber 6,1950		
В.	FULL NAME	City, Maryland	al or institut	tion, give street address or	4. USUAL RESIDENCE (WA. STATE Maryland	here deceased lived. If	institution: residence before admission)		
The Johns Hopkins Hospital				location)	C. CITY OR TOWN (If outside corporate lights, we't) RUR L and give township				
		tay in Baltimore		days Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)  518 Baker Street				
	Female	6. COLOR OR RACE	sing	E. MARRIED. VED. DIVORCED (Specify) SLE	November 4,1950	9. AGE (In years last birthday)	t Under 1 Year If Under 24 Hours onths Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Ingant  10B. KIND OF BUSINESS OR INDUSTRY			Baltimore, Man		12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME Melvin Custalow						14. MOTHER'S MAIDEN NAME  Vernetta Campbell			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO.			17. INFORMANT ADDRESS Hospital Records						
ERTIFICATION	(This does heart failu injury or DISEASE: RISE TO T	SE OR CONDITION LEADING TO DEA' not mean the mode of the asthenia, etc. It mean complication which of ANTECEDENT CAUS SOR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	TH  of dying, e.  ons the disease  caused deatl  SES  F ANY, GIVII  STATING T	g., (A) <b>1</b>	of DEATH  Menon  Menon		INTERVAL BETWEEN ONSET AND DEATH		
U	TRIBUTING	SIGNIFICANT CONDI TO THE DEATH, BUT ISEASE DR CONDITION OF OPERATION 1	NOT RELAT	ED /	Maretrily		20. AUTOPSY?		
EDICAL	21A. ACCIDE HOMICIDE	TNT. SUICIDE. (Specify)		ACE OF INJURY (e. g., infarm, factory, atreet, office bldg., c		f in Baltimore City,	yes No Divergive exact location)		
Σ	INJURY	(Month) (Day) (Year)	m.	21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK NOVE	ED 21F. HOW DID INJURY  mber 4, 1950, to No.		) that I had ago the		
	deceased at	live on November	6 <sub>19</sub> 50	and that death occur	rred at 3:504 on., from the 33. ADDRESS	he causes and on t	he date stated above.  23c. DATE SIGNED  11 - 7 - 50		
	ON, REMOVAL (S	DREMA- 24B. DATE pecify)		24C. NAME OF CEMETE	RY OR CREMATORY 24D. LO	OCATION (City, town	or county) (State)		

25. FUNERAL DIRECTOR

9

DATE RECEIVED BY LOCAL REGISTRAR NOV 1 31950 VS 150

REGISTRAR'S SIGNATURE

159.0

ADDRESS

		,
	ATADIRITED	constitution
New York Tables of the		
Tr.		

.

BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) oses DEATH 3. PLACE OF DEATH: (Where deceased lived, If institution; residence 4. USUAL RESIDENCE A. Baltimore City, Maryland B. COUNTY A. STATE. before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate in hits, INSTITUTION township! Yrs. Of rural, give location) Mos. c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED last hirthday) Months: Days Hours: Min. SUAL OCCUPATION (Give kind of JOB. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. 18. 420.1 CAUSE OF DE ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. ACCIDENT, SUICIDE, 21B. FLACE OF INJURY (e. g., io or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) (Specify) HOMICIDE more 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from , 1900, that I last saw the deceased alive on let 30 1940, and that death occurred at 3 m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24c, NAME OF CEMETERY OR REMOVAL (Specify 25 AUNERAD DIRECTOR DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE ator 111 VS 150

HOT A MEDICAL EXAMINER'S CASE

H.D. D.D.

CHIEF OR ASST. MEDICAL EXAMINER

9693 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) (havle-5 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland -A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RDRAL and give township) Bildemin D. STREET ADDRESS Yrs. (If rural, give location) Mos. c. ... igth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH . AGE (In years) If Under 1 Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours | Min. 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTR WHAT CONTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or onknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or onknown) ADDRESS SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO

UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY erable adero -218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR?

about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY

21F. HOW DID INJURY OCCUR? NOT WHILE! 1950/to\_ 11 19 50 that I last saw the m. from the causes and on the date stated above.

22. I hereby certify that I attended the deceased from. deceased alive on 11-11, 1950, and that death occurred at 32

23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Burjal 11-15-50 Oak Lawn Baltimore DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR

ADDRESS

LOCAL REGISTRAR

Charles togs 6 ind' 1 stideoff souly to 11-15. Free proces my and and The second of 

320
3 9694
BIRTH NO.
1. NAME OF DECEASED (Type or Print)
3. PLACE OF DEATH:  A. Baltimore City, Maryland
B. FULL NAME OF (If not in he HOSPITAL OR INSTITUTION

5. SEX

MEDICAL

c. Length of stay in Baltimore

10A. USUAL OCCUPATION (Givekinder work done during most of working life, even if retired)

15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or unknown) (If yes, give war or dates

13. FATHER'S NAME

50	9694
d Ma	

7.0	
QCQA BALTIMORE CITY HE	
NO. CERTIFICATE	E OF DEATH Registered No.
ME OF DECEASED	2. DATE
HENRY U. GOET	
CE OF DEATH: timore City, Maryland	A. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE  B. COUNTY before admission)
L NAME OF (If not in hospital or institution, give street address or TAL OR	C. CITY OR TOWN (If outside corporate limits, write RURAL and wive
Merces Dasbetal	C. CITY OR TOWN (If outside corporate limits, write RURAL and rive Bullemore 24)
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
gth of stay in Baltimore Days	3101 formane
6. COLOR OF RACE 7. SINGLE MARRIED. WIDOWED DIVORCED (Specify)	B. DATE OF BIRTH  9. AGE (In years It Under I Year last birthday)  Months: Days Hours Min.
SUAL OCCUPATION (Givekinder 108, KIND OF BUSINESS OR	1. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
during most of working life even if retired)  INDUSTRY	maryland WHAT COUNTRY?
THER'S NAME	14. MOTHER'S MAJOEN NAME
pristopher Foels	Unnie Gesdardt.
S DECEASED EVER IN U. S. ARMED FORCES?  Trunknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	Wife some
422.1 CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	0. R. O. D.
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	waren Garley artery
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
Asta.	Schrotin Cardio -
11 (c) W	The same of the sa
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	ATION (20. AUTOPSY?
1/10/50 Multiple Srephen	es - lag for about to Amend yes No
ACCIDENT, SUICIDE.  218. PL/CE OF INJURY (e. g., is about home, farm, factory, atreet, office bldg., e	
D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?

CERTIFICATION DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAS

21A. ACCIDENT, SUICIDE.

HOMICIDE

INJURY

TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION

ID. TIME (Month) (Day) (Year)

> 19 50to 11-10 1950 that I last saw the 23C. DATE SIGNED

22. I hereby certify that I attended the deceased from. deccased alive on 11-10 23A. SIONATURE

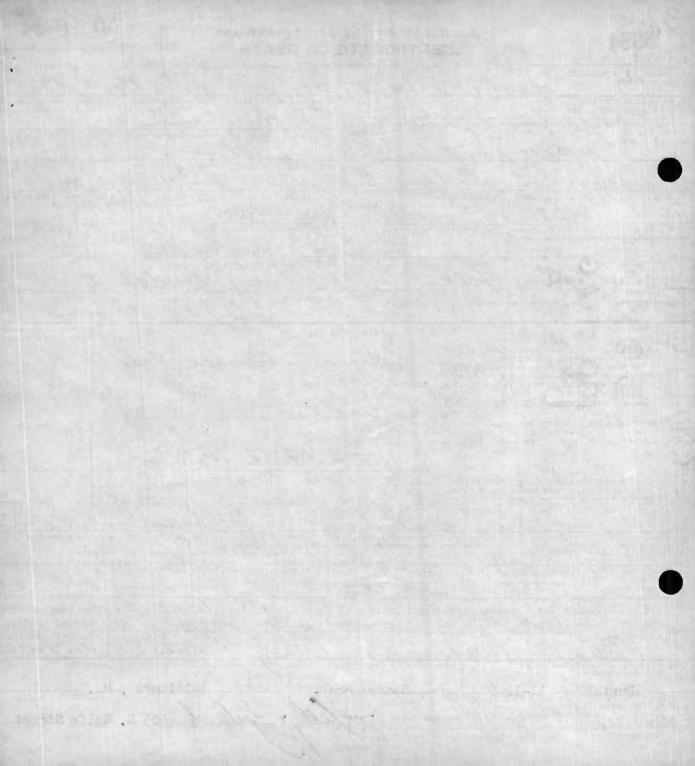
. 1950, and that death occurred at lister. from the causes and on the date stated above. 23B ADDRESS

WHILE AT

11-10-1950 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR

NOT WHILE

DATE RECEIVED BY mulicotor / Milas VS 150



#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No

1. NAME OF DECEASED 2. DATE November 11, 1950 MC GINNIS, Dorothea Lou 9:50 AM DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City. Maryland A STATE B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or B. FULL NAME OF Baltimore HOSPITAL OR U. S. Marine Hospital location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Baltimore 11. Md. (Baltimore) Woodlawn D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days 7001 Windsor Mill Road 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) Il Under 1 Year If Under 24 Hours WIDOWED, DIVORCED (Specify) Months Days Hours Min. last birthday) female white married -0etr-10) 1925 25 yrs. mo . I day 10A. USUAL OCCUPATION (Givekinder) 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even If retired INDUSTRY Baltimore Maryland WHAT COUNTRY? housewife USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lawrence Gredlein Dorothea Viessman 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT McGinnis-7001 Wi (Yes, no or unknown) SECURITY NO. Records -- U.S. Marine-Hesp-, -Baltimere, Md 204.4 INTERVAL BETWEEN CAUSE OF DEATH Mill Rd. WoodlaWonser and DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH INTRACEREBRAI (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. THROMBOCYTO PENIA OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL

21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.)

21D, TIME (Month) (Day) (Year) (Hour) 21£. INJURY OCCURRED INJURY

WHILE AT NOT WHILE

WORK

Oct. 9 22. I hereby certify that I attended the deceased from Oct. 9 deceased alive on Nov. 11, 19 50, and that death occurred at

23A. SIGNATURE 23B. ADDRESS U.S. Marine Hospital, Baltimore, Md. 2AC. NAME OF CEMETERY TION, REMOVAL (Specify)

DATE RECEIVED BY REGISTRAR'S, SIGNATURE

21F. HOW DID INJURY OCCUR?

19 50 to

21c. WHERE DID

INJURY OCCUR?

Nov. 11, 1950, that I last saw the

(If in Baltimore City, give exact location)

m., from the causes and on the date stated above.

VS 150

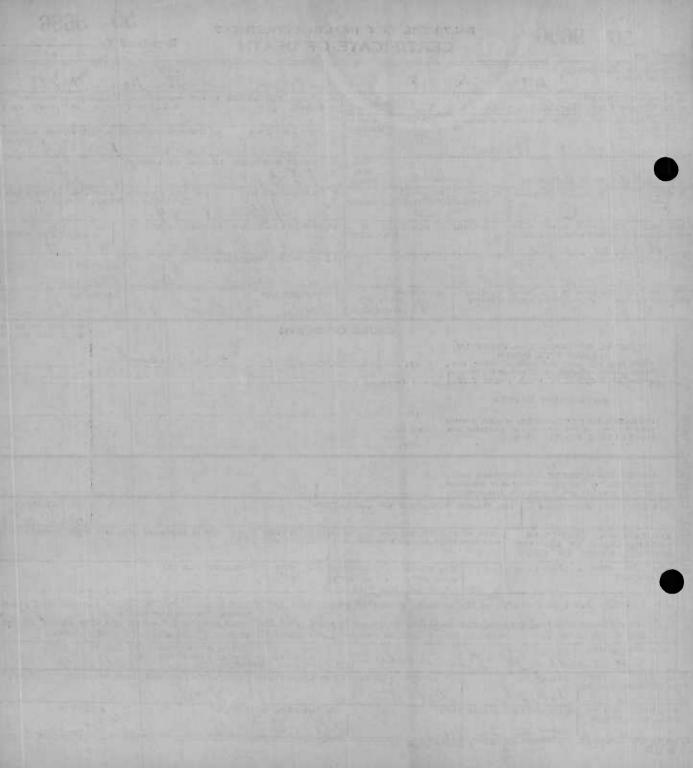
ADDRESS

23c. DATE SIGNED

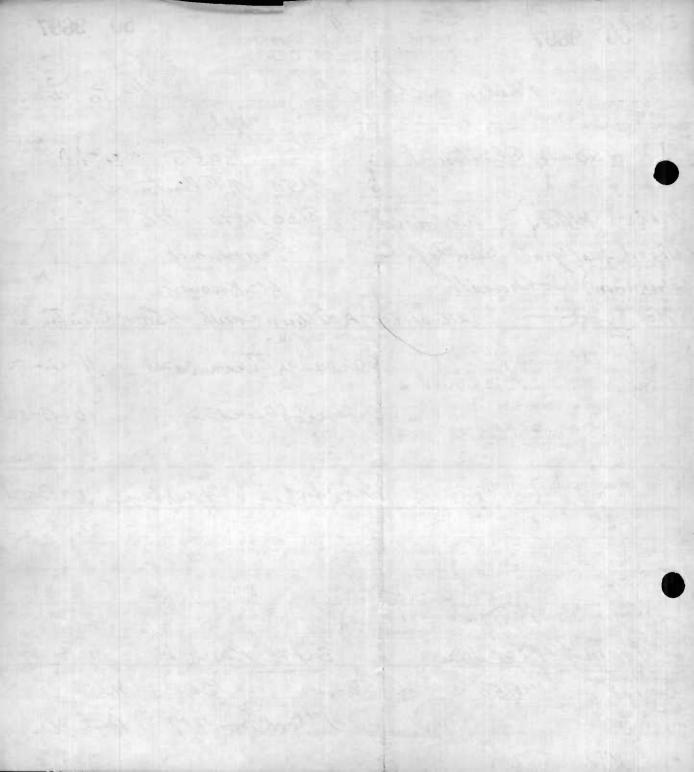
(State)

who have the spates of the left

C-600		50	9696
50 9696 BALTIMORE CITY HEALTH DEPARTMENT Registered I			
BIRTH NO.	E OF DEATH	1003.500.000 1105	
1. NAME OF DECEASED (Type or Print)	COOK	2. DATE OF DEATH NOV.	11,1950
a. Baltimore City, Maryland Lungury Hosp.  B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (WE	ere deceased lived. If insti B. COUNTY	itution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If o	utside corporate limits, wi	rite RURAL and give
university Hospilal Yrs.	D. STREET ADDRESS (If re	aral, give location)	-01
c. hength of stay in Baltimore Mos.	153171	Gilmor	24
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	2.1.11611	9. AGE (In years last birthday) Months	Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BRTHP_ACE (State or for	eign country)   12.	CITIZEN OF
work done during most of working life, eyen if retired) INDUSTRY	Balto . m		S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAI	AE PALL TO	_
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	ADDR	ESS // G
no none	Vorum Hill	MR 1331.1	7. Gelmo
	OF DEATH		ONSET AND OFATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	O. Vach	2	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	The same of the sa	accusses.	**************************************
injury or complication which caused death.) DUE TO			
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	•••••••••••••••••••••••••••••••••••••••	•••••••	
(C)			***************************************
		TO THE REAL PROPERTY.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
U 194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
ZIA. EXTERNAL CAUSE WAS   218. PLACE OF INJURY (e.g., in	n or   21C. WHERE DID (If	in Baltimore City, give	exact location)
218. PLACE OF INJURY (e.g., in UNDERLYING [] OR CONTRIB- about home, farm, factory, street, office bldg., to UTING [] CAUSE OF DEATH.			
Z 10. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR. INJURY NOT WHILE AT NOT WHILE AT WORK MY WORK	ED 21F. HOW DID INJURY	OCCUR?	
22. I certify that I took charge of the remains described a	above, held an Juse.	+ Ing 1 t	hereon and from
the evidence obtained by said Autopsy, Inspection or I and death in my opinion resulted from: natural causes	Autopsy, In Inquiry, find that said dec	nspection or Inquiry ceased died on the d □ homicide □ unde	ay stated above
23A. SIGNATURE	238. CHIEF MEDICAL EXASSISTANT MEDICAL EXAMPLE.  MEDICAL INVESTIGATO	XAMINER 23C. D	ATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C NAME OF CEMETE		CATION (City, town, or c	ounty) (State)
Bunal 11/14/50 St Pele	OF FUNERAL DIRECTOR	ra	DRESS
DATE RECEIVED BY REGISTRAN'S SIGNATURE	25. FUNERAL DIRECTOR	1303	r- 1/1



5-630	50 0000
50 9697 BALTIMORE CITY HEALTH DEPARTMENT	50 9697
BIRTH NO. CERTIFICATE OF DEATH	Registered No.
(Type or Print)	OATE 11/2/15 and
	deceased lived. If institution: residence  B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	
HOSPITAL OR INSTITUTION 450 N. Clinton of Bal.	de corporate limits, write RURAL and give township)
c. Length of stay in Baltimore Mos. Days 450 M. C.	give location)
	AGE (In years   H Under I Year   H Under 24 Hours   Months Days   Hours Min.
10A. USUAL OCCUPATION (Give kind of particle)  10B. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (State or foreign in the particle)	WHAT COUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	7
Unknown) Jehrauth Unknow	vy
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT SECURITY NO. 26-01-8/07A dellian Smith	450 M. Clin Ton st
18. 42011 CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	191: 11-12-50
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES	12 -
DISEASES OR CONDITIONS, IF ANY, GIVING	70-13-50
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	August 1
(c)	
OTHER SIGNIFICANT CONDITIONS CON-	AC ( ( ) 3 -
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	est buryly 10-13-50
19A. DATE OF OPERATION ( 19B. MAJOR FINDINGS OF OPERATION /	20. AUTOPSY?
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	Baltimore City, give exact location)
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCURRED INJURY	CUR?
m. WHILE AT NOT WHILE AT WORK	
22 I have be a satisfy 45 at I attended to 1 at 1	
22. I hereby certify that I attended the deceased from, 19, to	, 19, that I last saw the
deceased alive on	auses and on the date stated above.
deceased alive on 9 and that death occurred at m., from the end of the second of the s	auses and on the date stated above.  23c. DATE SIGNED  1/-/3-50  TION (City, town, or county) (State)
deceased alive on 19 and that death occurred at m., from the control of the second of	auses and on the date stated above.  2 3c. DATE SIGNED  11-13-50  TION (City, town, or county) (State)
deceased alive on 9 and that death occurred at m., from the end of the second of the s	auses and on the date stated above.  23c. DATE SIGNED  1/-/3-50  TION (City, town, or county) (State)
deceased alive on 19 and that death occurred at m., from the control of the second of	auses and on the date stated above.  2 3c. DATE SIGNED  11-13-50  TION (City, town, or county) (State)



## BALTIMORE CITY HEALTH DEPARTMENT

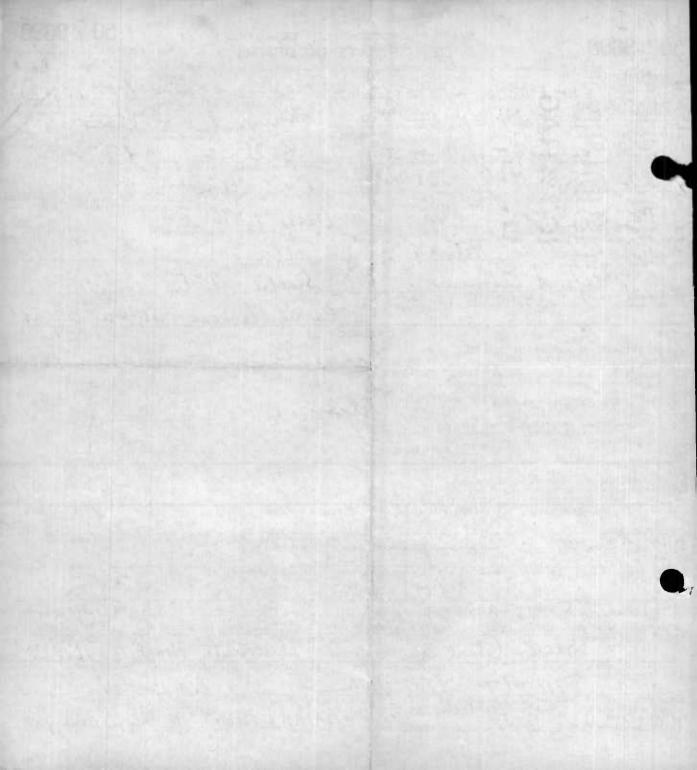
50 9698

50 9698 BIRTH NO.	CERTIFICATE OF DEATH Registered No.			
1. NAME OF DECEASED (Type or Print)	JAMES C	LEMONS	2. DATE OF DEATH NO	10,1950
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institu	tion give street address or	A. STATE	here deceased lived. If in	before admission)
HOSPITAL OR INSTITUTION University	Hospital	C. CITY OF TOWN (If of	outside corporate limits,	write RURAL and give
Length of stay in Baltimore	35 yrs Mos. Days	D. STREET ADDRESS (If r	ural, give location)	
5. SEX 6. COLOR OR RACE 7. SING WIDO	LE, MARRIED, WED, DIVORCED (Specify)	0110 7.1886	9. AGE (In years last birthday) Mon-	nder I Year ths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of vork done during most of working life, even if retired)	turd und	11. BIRTHELACE (State or for		2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME (Clima	Sallie Miles			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	Carrie Clemon	is irile Ho	mby St
DISEASE OR CONDITION DIRECTL' LEADING TO DEATH (This does not mean the mode of dying, e heart failure, asthenia, etc. It means the dise injury or complication which caused dea	g., (A) <u>Ca</u>	of DEATH Levis		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES  Z O DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.		uneia		
OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING	TEO			
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?	
- 1 21A. ACCIDENT WAS UNDER. I 4 P. F.	ACE OF INJURY (e. g., i e, farm, factory, street, office bldg.,		f in Baltimore City, gi	ve exact location)
ID. TIME (Month) (Day) (Year) (Hour) INJURY  m.	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		OCCUR?	
22. I hereby certify that I attended the	e deceased from and that death occur	, 19, to	ne causes and on the	that I last saw the
23A. SIGNATURE Varien Cla	2	3B. ADDRESS Currents	Hosp	23c. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (Hity, town, or county) (State) TION, REMOVAL (Specify) 1/14/50 Mt Calum A A. Co Md				
LOCAL REGISTRAR NOV 1 31950	Miane, Man	15A/AH.L.BROWN	VSON norta	omeny 8t

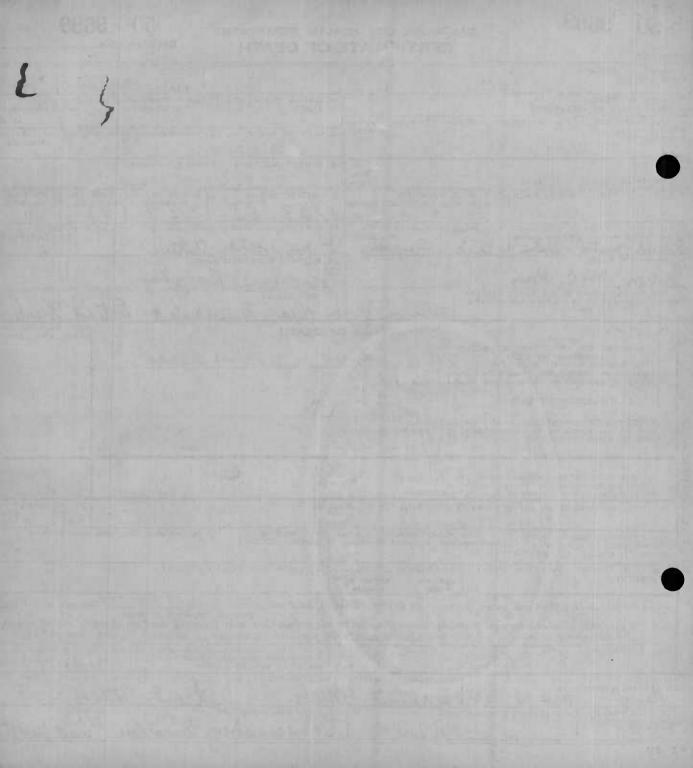
VS 150

97099

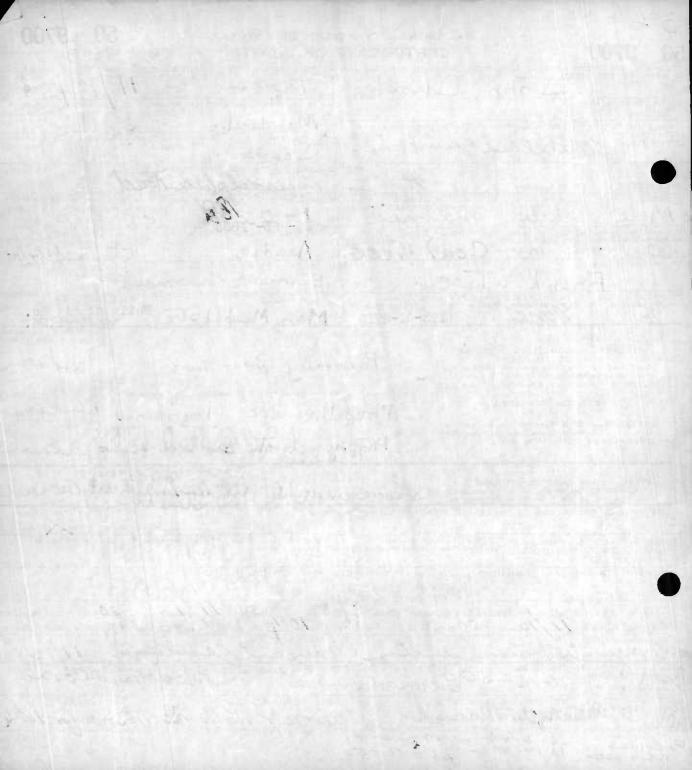
0512



	30	9833		BA	LTIMORE	E CITY H	IEALT	H DEPAI	RTMENT	г	50	) (	9699	
BII	RTH NO.				CERT	IFICAT	E O	F DEA	TH		Registe	red No	0	
	NAME OF I	DECEASED							H.	2. D	OF -			
3.	PLACE OF I	DEATH:	Eh	NEST		MAC K		SUAL RES	IDENCE	DE	ATH	lovem		1950 : residence
_	Baltimore	City, Mary		al or institu	tion, give st	reet address o	A. S	TATE	vland		B. COUN			ore admission)
HC	SPITAL OR				, 8, 70	location	V	ITY OR TO	NN (	(If outside	corporat	lighits,	welt R	RAL and give
_3		Merc	y Hosp	ital		V	-		timor	e If rural, g	4			www.
	Length of	stay in Bal	timore			Yrs. Mos. Days		TREET ADD		alver				
TARREST	SEX	6.COLOR			E. MARRIE		8. D	ATE OF BIE		9. AC	E (In yes	ars HU	Index 1 Year	If Under 24 Hours Hours: Min.
_	Male	Whi		Sin	gle		11	23/	83		67	y) Mon	Ins. Days	Hours Min.
work	doneduring most	CCUPATION of working life, or	(Give kind of ren if retired)	10B. KIND	of Busi	NESS OR INDUSTR		IRTHPLAC	E (State or	foreign c	ountry)	1	2. CITIZ WHA	EN OF T COUNTRY
13.	FATHER'S	NAME	other	مدلا	m 31	Ashlus	4)/1	LQ NOTHER'S	MAIDEN	NAME	am			
g	alan	W.C.	Kay			4 - 14 1 14 6 16	17			Bus	han	W.		
		SED EVER IN U			16. SOC	IAL URITY NO.	17. 1	NFORMANT		0	*	AD	DRESS	2 7
(200,		-				5-8506	12	llian	Bur	need	e Air	Det	rost	Much
	18. 42	0:0	1			CAUSE	OF E	PEATH				3	INTER	VAL BETWEEN
		LEADING	TO DEAT	ГН		Arter	ringe	lerotic	hear	t disa	9286			
	heart fail	es not mean ture, asthenia, r complication	etc. It mea	ns the disea	se,	,								************************
	2113413	ANTECEDE			,									
7	DISEASE					)	************	•••••						***************************************
	RISE TO	ES OR COND THE ABOVE O YING CONE	CAUSE (A)	STATING T		то								
₹.					(C)	)	***************************************					• • • • • • • • • • • • • • • • • • • •		
ERTIFICATION	OTHER	SIGNIFICAN	II IT CONDI	TIONS CO	N-									
ER.		G TO THE DE				***************************************	***********	***************************************						******
Ū	19A. DATE	OF OPERATI	ON 15	98. MAJOR	FINDING	S OF OPE	RATIO	١					20. A	NO X
EDICAL	21A. EXTER	NAL CAUSE	WAS			JURY (e. g.,		Ic. WHERE		(If in Ba	ltimore	City, giv	والتنابي إلى	
ğ	UNDERLYI	OR CAUSE OF	ONTRIB-	about home,	farm, factory,	treet, office bldg	.,etc.)	NJURY OC	CUR7					
Σ	10. TIME	(Month) (D	ay) (Year)	(Hour)		RY OCCUR		IF. HOW D	וטנאו סוי	RY OCCI	JR?			
A:				m.	WHILE AT WORK	NOT WHIL			Trans	ation	P. Tr	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	7	
		ify that I t							Autopsy	, Inspecti	on or In	quiry		n and from
	the ev	ridence obto eath in my	tined by	said Aut	opsy, Insy from: na	pection or tural caus	Inquir	y, find th accident □	at said ∃. suieid	decease	d died micide	on the $\Box$ , un	day st	ated above
	23A, SIGNA		201	- 0	- American		2	38. CHIEF	MEDICAL	LEXAMI	NER	230	DATE S	SIGNED
24	A. BURIAL.	CREMA-1 24	B. DATE	ishe	24C. NAMI	E OF CEMET	M.D. N	MEDICAL IN	VESTIGA			] 140	v. 13,	(State)
	Bewal		v 16	1860	Det	rout "	mi	ch.	1 D.	etro	not	m	ch	1/
	TE RECEIVE		GISTRAR':	S SIGNATI	JRE VIII au	IA.M.	25.	TUNERAL E	RECTOR	19 7,	and le	440	ADDRES 1126	
VS	151		Though.	U A STATE OF	direction.	59	/ 3	1	~~~	July	new jn	00	130	- CON 13



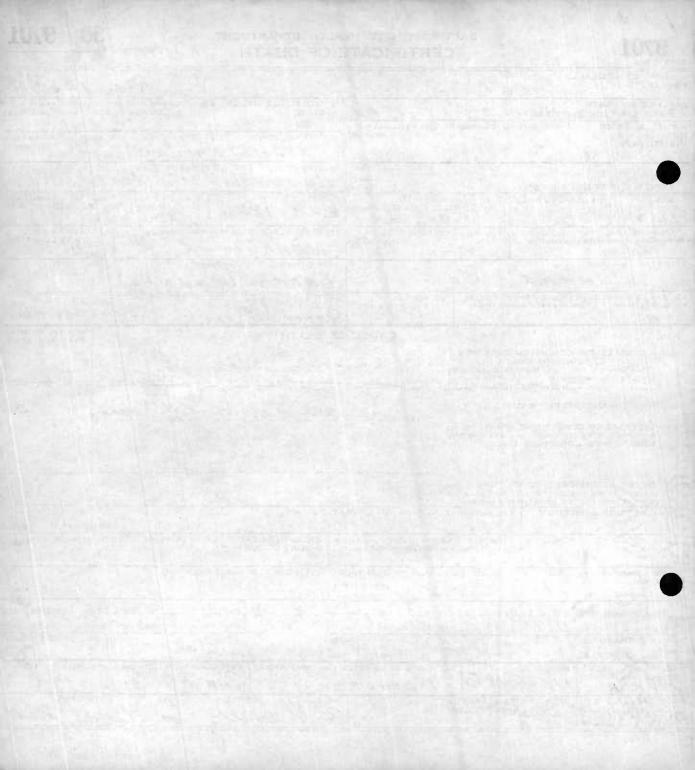
1	326		5	TAS	eR			
51	0 9700	В	ALTIMORE CI	TY HE	ALTH DEPARTMENT	/	50 tered No	9700
1	NAME OF DECEASED_				- J. DEATH			
	ype or Print)	John	Charl	ee	Stager	2. DATE OF DEATH	11/1=	2/50
	PLACE OF DEATH: Baltimore City, Mary				4. USUAL RESIDENCE (			tion: residence before admission)
8. 1		ot in hospital or instit		ddress or	Maryland	If outside Ha	mond	
IN	STITUTION Prou	yland g	enafle	83.	Zoppa	11 outside corport	ate mmits, writ	e RURAL and give township)
			rl.	Yrs. Mos.		If rural, give loca	tion) /	200
	Length of stay in Ballsex 6.COLOR		7.	Days-	/heladelp	hear 1/02	rd o	Vant. L Milled . Od III.
1	Male wh	ite m	LE, MARRIED, OWED, DIVORCED	2	8. DATE OF BIRTH	last birthd	4 9	Year If Under 24 Hours Days Hours Min.
work	A. USUAL OCCUPATION	ren if retired)	D OF BUSINESS	OR	A I BIRTHPLACE (State of	foreign country)		ITIZEN OF
13.	FATHER'S NAME	niner Co	och Min	20	14. MOTHER'S MAIDEN I	VAME	nothrul	zed USA.
	Fm	K Sta	ger	76	- 0	hasma	nder	
15. (Yes,	WAS DECEASED EVER IN L	J. S. ARMED FORCES?	16. SOCIAL SECURITY	Y NO.	17. INFORMANT	,	ADDRE	SS D
	110 1/6	me	193-01-29		Mary Marke	Stager	hiladelp	ma Kd
	18.420,0	I DITION TIPE		USE C	OF DEATH			ITERVAL BETWEEN NSET AND DEATH
		IDITION DIRECTLY TO DEATH he mode of dving, e		Puln	nonary infar	tions	1	inkrown
	heart failure, asthenia, injury or complication	etc. It means the dise	ase.		J			A
	ANTECEDE	NT CAUSES	70	11.1.	11 1	7 2 44	111	10,00
ON	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B) Phebothromses (leg veins)  Due to  (C) Arterio scleratic Bardinavascular  (C)							
<								
ERTIFIC	OTHER SIGNIFICAN	II CONDITIONS		1	Cor	mary &	elens	1
CER	TRIBUTING TO THE DE	ATH, BUT NOT RELA	TED Command	dece	mperson art	woodwole	wheave 6	Cothour
٦	19A. DATE OF OPERATI		R FINDINGS OF	OPERA	ATION	CUST		20. AUTOPSY7
EDICA	21a. ACCIDENT WAS U	INDER 218 PE	LACE OF INJURY	(e. e., in	or 21c. WHERE DID	(If in Baltimore	City, give ex	YES NO L
MED	LYING OR CONTRIB		e, farm, factory, street, of		injury occur?		, 8.10 67	· · · · · · · · · · · · · · · · · · ·
	ID. TIME (Month) (Da	ay) (Year) (Hour)	WHILE AT NO	CCURRE	D 21F. HOW DID INJUF	RY OCCUR?		
-	22 I hamaha santifu t	hat I attended th	WORK A	T WORK	8 1057	11/15	10 5 14	4 7 land - 11
	22. I hereby certify to deceased alive on !!		e acceased from 2 and that death		red at 10 43 m., from			t I last saw the te stated above
	23A. SIGNATURE	1	0, 10.		ADDRESS (C	0 0 11		DATE SIGNED
24	A. BURIAL CREMA-1 24	B. DATE	24c. NAME OF C	EMETER		LOCATION (Cit		untyl (State)
10	succe.	-16-50	Evergreen	2 Offe	emerial 10m	marin		010
NO NO	CAL REGISTS OF REG	GISTRAR'S RIGHAT	TURE	- E	25. FUNERAL DIRECTOR	th mc-1	785 Haw	forday
P	-evious . 10	-8-49 -	- 10-22	-49 -50	,00		00	21
	admissions 12		1-11.	30	65021		09	3 ~



## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) EmmA DEATH NOU. 4. USUAL RESIDENCE (Where deceased lived. If institution residence
B. COUNTY Core admission) 3. PLACE OF DEATH: A. Baltimore City, Maryland 44/3 Old Fred. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) 13 Altimore D. STREET ADDRESS (If rural, give location) 46 Yrs. Mas. 014 FREDERICK c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (In years) last birthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Specify) 2-3-1866 Widowed 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work dooe during most of working life, even if retired) INDUSTRY WHAT COUNTR MARY/ANd NONE 4.5. 13. FATHER'S NAME 14. MOTHER'S MAIDEN, NAME ONRAd OWERS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or noknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. SAme INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E, INJURY OCCURRED ID. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WHILE AT WORK . 19 5 to nov 13, 19 J, that I last saw the 22. I hereby certify that I attended the deceased from deccased alive on 11/ ( ), 19 1, and that death occurred at 137m. from the causes and on the date stated above. 23A. E GNATURE 23B. ADDRESS 24A, BURIAL, CREMA-24c, NAME OF CEMETERY OF CREMATORY CARROII Co. EDENEZER PURIA! DATE RECEIVED BY | BEGISTRAB'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS

VS 150



9702 BALTIMORE CITY HEALTH DEPARTMENT Registered N CERTIFICATE OF DEATH 2. DATE Nov, 12-1950 1. NAME OF DECEASED (Type or Print) Frank Grochowski 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland 616 S. Bethel Street A. STATE B. COUNTY efore (dmission) Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Home township) Baltimore 31 D. STREET ADDRESS (If rural, give location) Mos. 616 South Bethel Street c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year if Under 24 Hours last birthday) Months Days Hours Min. WIDOWED DIVORCED (Specify)
Married White Nov.8-1886 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY WHAT COUNTRY? Germany 14. MOTHER'S MAIDEN NAME Johanna ? Unknown 16, SOCIAL 17. INFORMANT **ADDRESS** SECURITY NO. Margaret Grochowski 616 S. Bethel Street INTERVAL BETWEEN CAUSE OF DEATH 20.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY money Thronta's LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Chr. Myocardites ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING wrolize On Asio. School's RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

Male 10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) Iron Moulder 13. FATHER'S NAME John Grochowski 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknowo) (If yes, give wer or dates of service) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY VES 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR?

LYING OR CONTRIBUTING CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY WHILE AT NOT WHILE

Nov.15,1950

Burial

22. I hereby certify that I attended the deceased from Nor 1 to Noy 12, 1900, that I last saw the that I attended the deceased from Nor 1 199, to Nor 12, 1950, that I last saw the 1, 1950, and that death occurred at 1030 Am., from the causes and on the date stated above. deceased alive on\_ 23 9 SIGNATURE 23B, ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OF CREMATIONY 24D. LOCATION (City, town, or county)

St. Stanislaus

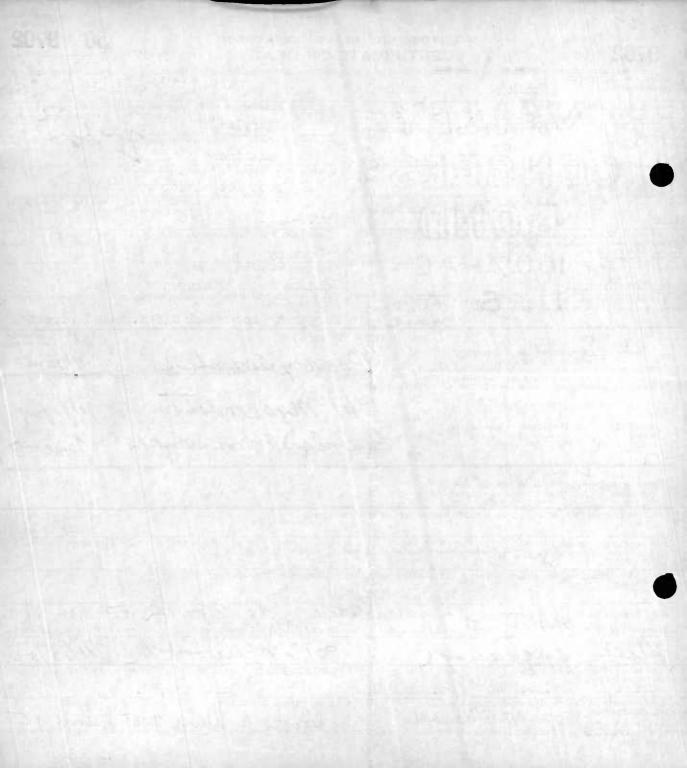
REGISTRAR'S SIGNATURE DATE RECEIVED BY 25. FUNERAL DIRECTOR LOCAL REGISTRAR withington / Mianus, M. VS 150

5613F

Baltimore, Md.

21F. HOW DID INJURY OCCUR?

ADDRESS

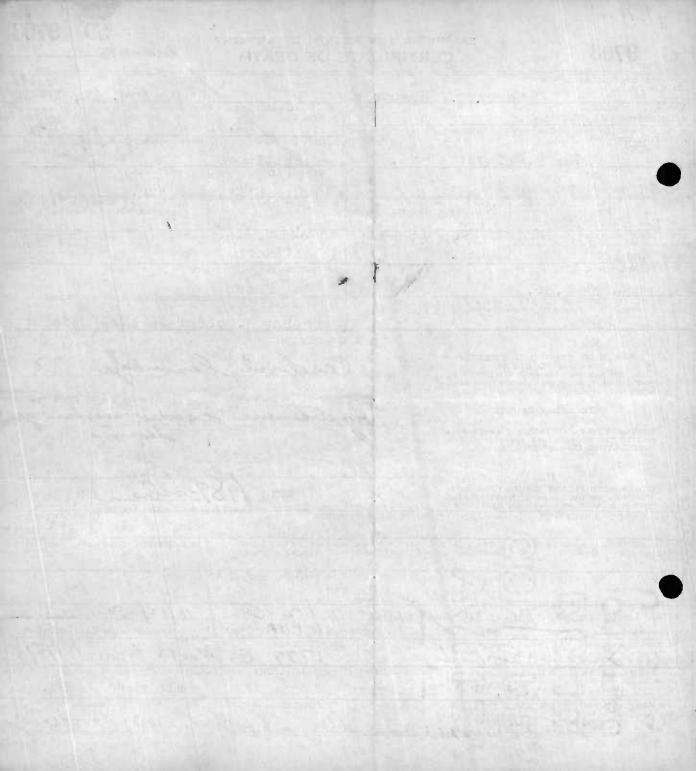


1. NAME OF DECEASED (Type or Print)

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

_								
	NAME OF D					2. DATE		
`		He	enry C	Schaufele		DEATH NO	v. 12.	1950
	PLACE OF D	EATH:	1000		4. USUAL RESIDENCE			
_		City, Maryland		ion, give street address o	A. STATE Md.	B. COUNTY	Dere	ore dimission)
	FULL NAME	OF (II not in nospit	al or institut	location		f outside corporate li	mite divisi DI	terity and since
in	STITUTION					1 outside corporade in	Inges, with it	township)
1		1722 E.La	afayet		Baltimore	1,8		
				Yrs.	D. STREET ADDRESS (I	f rural, give location)		
c.	Length of s	tay in Baltimore		Mos. Days		ette Ave.		
5.	SEX	6. COLOR OR RACE	7. SINGLE	, MARRIED.	8. DATE OF BIRTH	9. AGE (In years	It Under 1 Year	If Under 24 Hours
	3.5	1AT		ED, DIVORCED (Specific		last birthday)	Months Days	Hours Min.
	IVI	VV	M		Aug. 1873			
		CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or	foreign country)	12. CITIZ	EN OF
	Reti		Mch		Baltimore			· COCITINT
13	FATHER'S	NAME			14. MOTHER'S MAIDEN N	AME		
		0 0			NT - 1 7/			
4 12	He	nry C.Sr.			Not Known			
Ye	a, no or naknown)	ED EVER IN U. S. ARMEI	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
		130 C T 123 C		0200111111111	Margaret E.Sc	houfele l'	722 T.of	evette
						madicio i		VAL BETWEEN
	18. 443	X	400	CAUSE	OF DEATH			AND DEATH
	DISEAS	SE OR CONDITION			0 0 1	0 1		>>
	(This does	LEADING TO DEA	of dying, e. 1	Z., (A)	Cerebral	Kemour	re	15
	heart failu	re, asthenia, etc. It men	ans the diseas	e,				
	injury or	complication which	caused death	.) DUE TO				3.
		ANTECEDENT CAUS	SES		1	- 1 -		
Z				(B)	genteroure.	carre		- year
2		S OR CONDITIONS, I				dear	ne	
4		YING CONDITION L		15 005 10		mus A	VED 514	
ز					CERIII	ION: ION APPRO	AFD BA	
1		n		(C)	Dr.	John R. Davi	.s	
7	OTHER S	SIGNIFICANT COND	ITIONS COL		1.20	1.0		
П	TRIBUTING	TO THE DEATH, BUT	NOT RELATI	D	per:	1-ustro	M. D.	
0		F OPERATION		FINDINGS OF OPE	PATION	IR ASST. MEDICAL EX	MINER	AUTOPSY?
1	ISA. DATE C	OFERATION O	ISB. MAJOR	THADHAGS OF OFE	RATION			
<b>S</b>							YES	No L
ř	HOMICIDE	ENT, SUICIDE, (Specify)	21B. PLA	CE OF INJURY (e. g. arm, factory, street, office bldg	in or 21c. WHERE DID	(If in Baltimore Cit	y, give exact	location)
Ш	HOMICIBL	(Decens)	0.0000	areal two one 2 (parcola) omico prof	HOUSE THE CHAIN COURT			
Σ	TIME I	(Month) (Day) (Year	(Hour)	21E. INJURY OCCUR	RED 21F. HOW DID INJUR	Y OCCUR?		
1	INJURY	(222)		WHILE AT   NOT WHIL				
1			m.	WORK AT WORK				
	22. I hereh	y certify that I at	tended the	deceased from	11/2.1950 to	11/12/10	5, that L	last saw the
			Ta a	I that double one	urred dt 1:10 P.m., from	the envises and a	the Jate of	tated above
		live on		ana that aeath occi	23B. ADDRESS	ine causes and or		ATE SIGNED
	23A. SIGNA	TURE	7	1 .	1777 E	North to	230.07	173/6
	0)	name.	June	M. D.				11213
2	AA. BURIAL, ON, REMOVAL (S	CREMA- 248. DATE		24c. NAME OF CEMET	ERY OR CREMATORY 24D.	LOCATION (City, to	wn, or county)	(State)
111	Burial		5.1950	Baltimore	9	Baltimo	re 1	Ad.
D	ATE RECEIVE				25. FUNERAL DIRECTOR		ADDRES	s
L	CAL REGIST	RAR	3 SIGNATU	A KO BOX		1	- 1	1
	MON 1 31	SOUTH AS	: Will:	esa M ra	reference & stoll	murn 1639	Brown	may
	VS 150		- / // AL (L)	A THE				1
	VS 150	- 0 -		4 W to   g			920	
						6	1 300	



5	125							<i>r</i> -0	0604
	אחלים				ALTH DEPARTM		Destates		9704
BII	RTH NO.		CERTIF	ICATE	E OF DEATH	1	Registered	No	
	NAME OF I	. 11 " 11	uyu Jenting				DATE OF DEATH 1/	-/2 -	50
	PLACE OF I		7		4. USUAL RESIDEN				ion : residence before admission)
B. I	FULL NAME SPITAL OR STITUTION	OF (If not in hospi Leuron Men	tal or institution, give street	address or location)	c. CITY OR TOWN	(If outsi	de corporate lin	oit write	RURAL and give township)
1	2				wallo.	7.5	Les s	2	township
c.	Length of	stay in Baltimore		Yrs. Mos. Days	3545 Like	the state of	Ballo 3	25	
5.	M	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCE		B. DATE OF BIRTH		AGE (In years last birthday)		ays Hours Min.
		CCUPATION (Give kind of of working life, even if retired)		SS OR NDUSTRY	11. BIRTHPLACE (St.	tate or foreign	country)		TIZEN OF HAT COUNTRY?
13.	FATHER'S	NAME	1		14. MOTHER'S MAIL	DEN NAME	. 1		
	John	Jenkens			Callerin	ie Na	eley		
15. Yes,	, no or unknown)	(If yes, give war or date		TY NO.	17. INFORMANT	1	0	ADDRES	
t	18. 4//			24465	MRS (JLADY)	5 JENKI	NS 35 4	15 FIF	TERVAL BETWEEN
FICATION	(This doe heart failt injury or DISEASE	SE ÖR CONDITION LEADING TO DEA s not mean the mode ure, asthenia, etc. It mee complication which ANTECEDENT CAU: S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION L	TH  of dying, e. g.,  ins the disease,  eaused death.)  DUE TO  SES  (8)  F ANY, GIVING  STATING THE  DUE TO		matic Hes	uf II acti	islasl it)		
בוצון	TRIBUTING	II SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED						
]			98. MAJOR FINDINGS	and the second	ATION		•	2	O. AUTOPSY?
5 -	211 1501	DENT WAS UNDER-	218. PLACE OF INJU	PY (a s in		D (If in	Baltimore City		es No
MED	LYING OF	R CONTRIBUTING DEATH	about home, farm, factory, street				e e e e e e e e e e e e e e e e e e e	, give ex	act rocation)
	INJURY	(Month) (Day) (Year	) (Hour) 21E. INJURY WHILE AT WORK	NOT WHILE		INJURY OC	CUR?		
deceased alive on New. 12, 19 50, and that death occurred at 2:10 Pm., from the causes and on t									
1	23A. SIGNA		-, 19 3. and that de	2	3B. ADDRESS	from the co	desid	23c	DATE SIGNED
	A. BURIAL.		150 24C. NAME O	F CEMETER	RY OR CREMATORY	PITT	TION (City, tow		
DA	TE RECEIVE	D BY   REGISTRAR		1.70	25. FUNERAL DIRE	CTOR	111	ADDF	RESS
N	CAL REGIST	950 huntury	ton / Youranne / //	1	CAHNIFIC	SENN	1, /NC 7.	1541	514 57

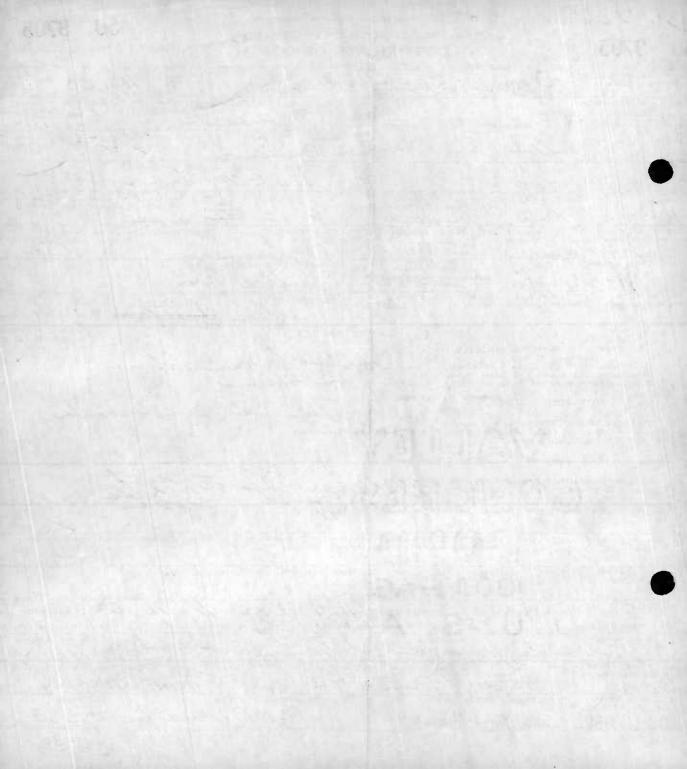
VS 150

39051

95B -30

I vas the abunute healt condition accompanies by action showing fever about the tring death? a chrome condition? See Domment File 50-9704

)	.63	CERTIFIC	ATE CO	RRECTED	11-13-50		50	0505
0	חמט	5	BAI		HEALTH DEPARTMEN			9705
BI	IRTH NO.	3		CERTIFICAT	TE OF DEATH	Registere	d No.	
1. (T	NAME OF D'ype or Print)	ge ge	orge W.	Rackfor	- RECKORD	2. DATE OF DEATH	11/50	
	Baltimore	City, Maryland			4. USUAL RESIDENCE	(Where deceased lived B. COUNTY		n : residence efore admission)
	FULL NAME	OF (If not in ho	spital or institut	ion, give street address		(If outside corporate if	60 mil	5 Tandaina
	ISTITUTION	Mayla	l glac	eal Hospitas	Ballenou	e b	-	township)
C.	Length of s	stay in Baltimor	9	Yrs. Mos Day	111- 5 /	(If rural, give location)	, St	-
_	SEX	6. COLOR OR RA	CE 7. SINGL	E. MARRIED.	8. DATE OF BIRTH	9. AGE (in years	If Under 1 Year	
/	nale	white	m	Aucel (Special	6-12-8	last birthday	Months Day	's Hours Min.
rorl	done during most	CUPATION (Give kin of working life, even if reti	red) 10B, KINE	OF BUSINESS OR INDUSTR				IZEN OF AT COUNTRY?
13	FATHER'S	NAME .	- PR	ECKORD,	14. MOTHER'S MAIDEN			0.0
	10	shigh	moda	extour	+ Hallie	Joeg		
15 Yes	, mo or uoknown)	ED EVER IN U.S. AR	MED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	Heckord	ADDRESS	abore
	18. 44	34		CAUSE	OF DEATH	420-700		RVAL BETWEEN
	DISEAS	SE OR CONDITION		٨.	1. 1.1	~ /	ONS	ET AND DEATH
	(This does	not mean the modere, asthenia, etc. It	le of dying, e. s	e. (A) Uny	shoe Jacker	e with		
		complication which			anabacca			
		ANTECEDENT CA	USES	Hern	uti - e.	dunden	i /	1
0		S OR CONDITIONS						9
Y	UNDERLY	YING CONDITION	LAST.			<b>*</b>		
F		- 11				2		
2		II SIGNIFICANT COM S TO THE OBATH, B			new Infan	et kan	7	
5	TO THE O	ISEASE OR CONDIT	ON CAUSING	т.		Total	د	
Y.	19A. DATE C	OF OPERATION	19B. MAJOR	FINDINGS OF OPE	ERATION		20 YES	NO NO
EDIC		ENT WAS UNDER R CONTRIBUTING		CE OF INJURY (e. g. arm, factory, street, office bldg		(If in Baltimore City	y, give exac	
Σ	D. TIME	(Month) (Day) (Ye	ear) (Hour)	21E. INJURY OCCUR	RED 21F. HOW DID INJ	URY OCCUR?		
1	INJURY		m.	WHILE AT NOT WHILE AT WORK		1		
	22. I hercb	y certify that 1	attended the	deceased from	11/11/50 1950 to	11/11,18	Sothat 1	last saw the
	deceased a		1, 1950	and that death occ		m the causes and or	the date	stated above.
	,23A. SIGNA	allicute	Toring	a adlu	23B. ADDRESS	Ilgano /10	230. [	DATE SIGNED
24	A. BURIAL.	CREMA- 24B. DAT	1000	м. О.	ERY OR CREMATORY 240	D. COCATION (City, to	wn, or count;	y) (State)
110	BURIAL (S	11/1	5/50	CEDAR	HILL	RITCHIE	HIGHU	AY
	ATE RECEIVE		AR'S SIGNATU	IRE	25. FUNERAL DIRECTO	OR /	ADDRE	ss
N	INV 1 319	50 Turti	ictor Will	iane, Mili	JOHN TE	JENNY, IN	7154	164757
	VS 150			Editor		. =	1 -	30
				504 2	24	093	a	



## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1. NAME OF DECEASED 2. DATE OF NOV. 11/50 (Type or Print) Frederick P. Holmes 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY A. Baltimore City, Maryland A. STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR c. CITY OR TOWN (If outside corponate limits wr L and give INSTITUTION 500 N. Monastery Ave. township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 300 N. Monastery Ave. 75 yrs c. Length of stay in Baltimore Days 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years) 7. SINGLE, MARRIED WILDOWED DIVORCED (Specify) last birthday) | Months: Days | Hours | Min. Male Dec. 4, 1859 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF Retired Proprietor WHAT COUNTRY? Denmark 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Holmes Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Ver no or makagem) (If yee, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or uakaown) SECURITY NO. Mrs. Katherine Pickering, 300 N. TTRVAL BETWEEN CAUSE OF DEATH ONSET AND GEATH DISEASE OR CONDITION DIRECTLY Generalized arteumlainis LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUETO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION 21A. ACCIDENT, SUICIDE. 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE 21F. HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY , 1947to november, 195 that I last saw the 22. I hereby certify that I attended the deceased from march 23A. SIGNATURE 23B. ADDRESS

deceased alive orber. 10 1950, and that death occurred at 5 18 A.m., from the causes and on the date stated above. 23c. DATE SIGNED

24c. NAME OF CEMETERY OR CREMATORY 4A. BURIAL, CREMA-

New Cathedral. 4300 Old Frederick Rd. Balto. Md. ADDRESS

DATE RECEIVED BY REGISTRAR'S SHONATURE 29. FUNERAL DIRECTOR

non in a control of CTIPLE CONTRACTOR OF CHIEF , or the terms of the terms THE RESERVE WAS DONE 

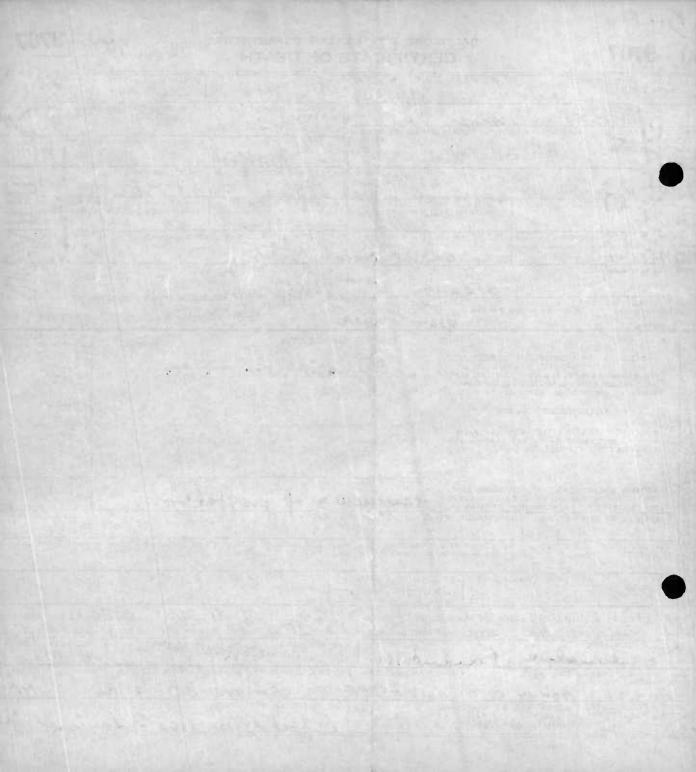
3 40 0 9707 BIRTH NO.

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 9707 Registered No.

0516

BIR.	TH NO.			CERTIFICAT	E OF DEAT	П	9	
1. N	AME OF D	ECEASED A	NTONIO	OR ANTH	ONY.	2. [	PATE NO	V 11 1950
(Тур	e or Print)	Jan		Stella.	55	3750 D	OF NU	V 11 1336
	LACE OF D		mie of	6006	4. USUAL RESIDI	ENCE (Where	leceased lived, It	institution: residence before admission)
	ULL NAME	City, Maryland OF (If not in bos	pital or institution	on, give street address or	. II A A 1		5. 00 0.111	
HOS	PITAL OR			location)	C. CITY OR TOWN	(If outsid	e corporate limi	ts, write KURAL and give
11115	TITUTION	EATTO	MOPKIES BO	SPITE.	Ba.	HIMOHE	. 1.	township)
				Vwa	D. STREET ADDRE		give location)	
c I	enoth of s	tay in Baltimore		25 YR Mos.	1816 F.	Dunt	+ st	
5. S		6. COLOR OR RAC	E 7. SINGLE	MARRIED.	8. DATE OF BIRTH	1 9. A	GE (In years)	H Under 1 Year   H Under 24 Hours
1	11 /	1.1.1.	WIDOWE	D. DIVORCED (Specify)	1001	Is	st birthday) M	onths Days Hours Min.
104	Male OC	CUPATION (Give kine	TOP KIND	OF BUSINESS OR	11 BIRTHOLACE	State or foreign	S' ()	1 12. CITIZEN OF
ork de	one during most o	of working life, even if retir		INDUSTRY	1-1	TO TOTAL	country	WHAT COUNTRY
BE	TIRED.	LABOR	MFADOW G	LOLD ILE CREAM		Key		No
13. F	FATHER'S N	NAME			14. MOTHER'S MA	IDEN NAME	6	
	L. State	-/	STEL	LA	Mari	a	9	
15.	WAS DECEASI	ED EVER IN U. S. ARI	MED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	WES MANUELL	IN MARKET	ADDRESS
	NO	_		220-05-7492	4.	MAY VI	is kospi	
1	18. 581	I a and	197 1	CAUSE	OF DEATH			INTERVAL BETWEEN
	01	SE OR CONDITIO	N DIRECTLY					ONSET AND DEATH
		LEADING TO D	EATH	Cin	lessis of the	e line		
	heart failt	s not mean the mod ure, asthenia, etc. It i	neans the disease					
	injury or	complication which	h caused death.	) DUE TO				
		ANTECEDENT CA	USES					
Z	Dietien			(B)				
=	RISE TO	S OR CONDITIONS	A) STATING TH					
<	UNDERL	YING CONDITION	LAST.					
Ĭ.		Petter Policies		(C)				
E	OTHER	II SIGNIFICANT COM	IDITIONS CON			TOTAL III		
Щ	TRIBUTIN	G TO THE DEATH, B	UT NOT RELATE	CALLLAND:	uea of a	me to be		
U  -		OF OPERATION		FINDINGS OF OPE	RATION			20. AUX OPSY?
1	ISA. DAIL	V	100. MAGOR					YES NO
<u></u>	21A. ACCIDI	ENT. SUICIDE.	21B. PLA	CE OF INJURY (e. g.,	in or   21c. WHERE		Baltimore City,	give exact location)
	HOMICIDE	(Specify)	about home, fa	rm, factory, street, office bldg.	etc.) INJURY OCCL	JR?		
Σ	15 TIME	(Month) (Day) (Ye	(Hour)   2	1E. INJURY OCCURF	RED 21F. HOW DIE	INTURY OCC	UR?	
	INJURY	(Month) (Day) (16		HILE AT NOT WHILE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
			m.	WORK AT WORK				
	22. I hereb	by certify that I	attended the	deceased from 10	- 24 -, 195	Q to 11-1	/ <del>-</del>	Athat I last saw th
	deceased a	live on 1/- 1/-	1950 0	and that death occu	rred at 305 Am.	, from the ca	uses and on	the date stated above
	23A. SIGNA	TURE	1		23B. ADDRESS	S HOPKINS F	inspiral	23C. DATE SIGNED
	Seul	male e	- · Dan	anders M. D.	BASILLY.	IN MANAGEMENT		11/11/50
24A	BURIAL	CREMA- 24B. DAT	E 2	4c. NAME of CEMET	ERY OR CREMATORY	24b. LOCAT	ION (City, town	n, or county) (State)
1101	BURIA		4 1950	HOLY REDEE	MER CEM	4430 B.	ELAIR .	RD MD.
DAT	TE DECENIE	D BY I DEGISTE	AR'S SIGNATU		25. FUNERAL DIF	RECTOR		ADDRESS
LOC	CAL REGIST	TRAR	Fina Willian	ILA. Al sa	1.0.11.00	2 "	mady	Pa Par 1 St



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 11-12-50 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Musin Memorial Hospital location) (If outside corporate jimits, write RURAL and give C. CITY OR TOWN township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. bength of stay in Baltimore Days

5. SEX. 6. COLOR OR RACE | 7. SINGLE, MARRIED. 9. AGE (In years If Under 1 Year - If Under 24 Hours last birthday) Months Days Hours Min. WIDOWED, DIVORICED (Specify) married 10A. USUAL OCCUPATION (Givekindof) KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) WHAT COUNTRY? 115 13. FATHER'S NAME TIRES ( 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give wer or dates of service) SECURLTY NO INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS

OF OPERATION

21c. WHERE DID 21B. PLACE OF INJURY (e. g., in or INJURY OCCUR?

about home, ferm, factory, street, office bldg., etc.)

Thre. ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

NOT WHILE!

none 21F. HOW DID INJURY OCCUR?

WHILE AT

WORK

22. I hereby certify that I attended the deceased from.

21A. ACCIDENT WAS UNDER-

CAUSE OF DEATH

INJURY

LYING OR CONTRIBUTING

deceased alive on 11-12, 1950, and that death occurred at

, 19\_\_, to // -/ 7 \_\_\_\_, 1952, that I last saw the

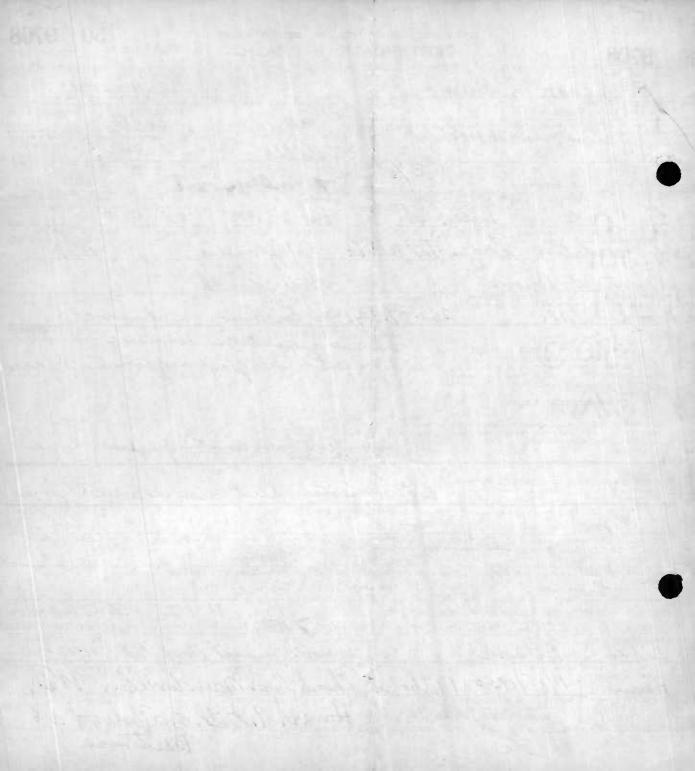
(If in Baltimore City, give exact location)

An., from the causes and on the date stated above. 23c. DATE SIGNED

24A. BURIAL, CREMA-TION REMOVAL (Specify) una

DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

VS 150



162					
50			ALTH DEPARTMENT	Segistered 5	0 9709
BIRTH NO. 50-24	667	LERIFICATE	E OF DEATH		110,
1. NAME OF DECEASED (Type or Print)	Spearman.	Baby Boy		OF NOV.	13, 1950
s. PLACE OF DEATH: a. Baltimore City, Mary		nas, so	4. USUAL RESIDENCE (W		
		on, give street address or location)	Maryland c. CITY OR TOWN (H	outside corporate lin	nits, write RURAL and give
	eph's Hospita		Baltimore	10-	o township
c. Length of stay in Balt	imore	Life Mos.	D. STREET ADDRESS (If :		
5. SEX 6. COLOR o	WIDOWE	D, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year If Under 24 Hours Min.
Male   White	Singlified of 100 KIND	GLE OF BUSINESS OR	Nov. 13, 1950		1 1 10
ork done during most of working life, eve	n if retired)	INDUSTRY			12. CITIZEN OF WHAT COUNTRY
None 13. FATHER'S NAME	Infan	U	Baltimore, Mar	Viano	
DIE: Iliam	a Locar	144.44			
15. WAS DECEASED EVER IN U	S. ARMED ORCES?	16. SOCIAL	Carmella Lucy Ve	ecchioni	.000500
Yes, no or unknown) (If yes, give	war or dates of service)	SECURITY NO.	17. INFORMANT		ADDRESS
(This does not mean the heart failure, asthenia, conjury or complication	TO DEATH ne mode of dying, e.g. tc. It means the disease which caused death. NT CAUSES TIONS, IF ANY, GIVING NUSE (A) STATING TH	(A) Prema	turity	of Placenta	INTERVAL BETWEEN
OTHER SIGNIFICANT					
TO THE DISEASE OR C	ONDITION CAUSING IT		ATION		20. AUTOPSY?
TISA. DATE OF OPERATIO	O I ISB. MASON	TINDINGS OF OFER.	ATTON		YES NO X
21A. ACCIDENT, SUICID HOMICIDE (Specify)		CE OF INJURY (e. g., in rm, factory, street, office bldg., e		f in Baltimore City	y, give exact location)
ID. TIME (Month) (Da	w	1E. INJURY OCCURRE	21F. HOW DID INJURY	OCCUR?	
22. I hereby certify th	at I attended the	leceased from	11/13/ , 19 05to ]		o, that I last saw th
deceased alive on	1/13/ , 19 50, a	nd that death occur	red at 11:30AM., from ti	he causes and on	the date stated above
231 SIGNATURE		2	3B. ADDRESS		23c. DATE SIGNED
T. A. CPENAL	DATE 2	M. D. J		ne Street. OCATION (City, tow	17/13/50 vn, or county) (State)
110N, REMOVAL (Specify)	111 1550	46. NAME OF CEMETER	1. OF THE TABLE	2 OF	- 7.1
Durial 1/1.	LISTE A DISCOURT	ur Calhe	25. FUNERAL DIRECTOR	allmor	ADDRESS
LOCAL REGISTRAR	ISTRAR'S SIGNATU	Villians, SLIE	817 9 BG	Juleli 9	248.8 mc en la
WUV 1 4 15 30		,	ames w.		
VS 150					160 €

Sept 1512

0 9710 BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASES 2. DATE (Type or Print) DEATHNOU. 12 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) MORE Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) | Months; Days | Hours : Min. MAKRIED 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY WAITER ES / AURANT 13. FATHER'S NAME MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? SOCIAL ADDRESS SECURITY NO EC ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) . DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION

198. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT, SUICIDE.

218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

NATIONAL

25. FUNERAL DIRECTOR

21c. WHERE DID

INJURY OCCUR?

22. I hereby certify that I attended the deceased from\_

24C. NAME OF CEMETERY OR CREMATORY

Jiene , 1950 to Horander, 1950, that I last saw the deceased alive on 11 Nov., 19 Do, and that death obcurred at 10:45Am., from the causes and on the date stated above. 23c. DATE SIGNED

24A. BURIAL, CREMA-TION, REMOVAL (Specify) LJURIAL NOV. 15, 7950. SALTIMORE DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

24B. DATE

ID. TIME (Month) (Day) (Year) (Hour)

withouter / Yourseld, All

20. AUTOPSY?

YES

(If in Baltimore City, give exact location)

240. LOCATION (City, town, or county)

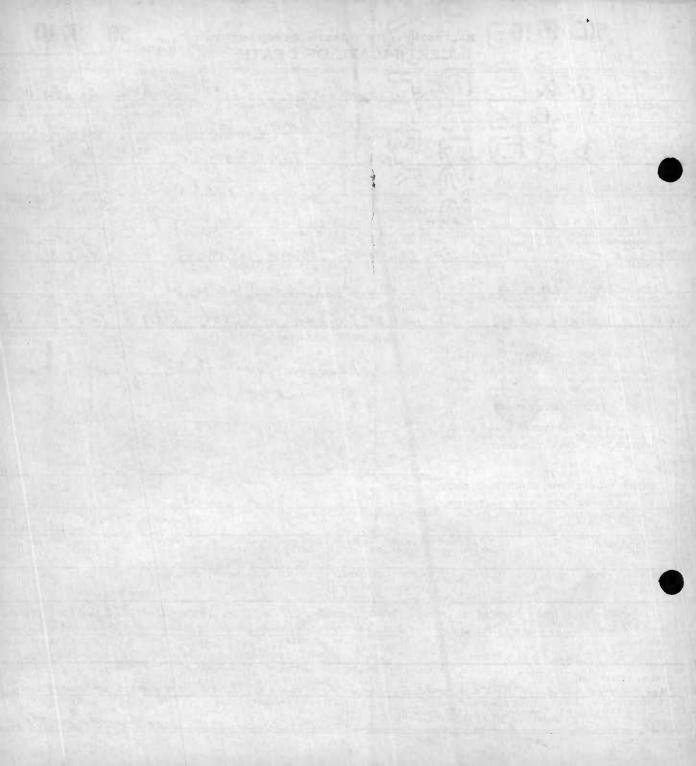
VS 150

HOMICIDE (Specify)

INJURY

23A. SIGNATURE

EDICAL

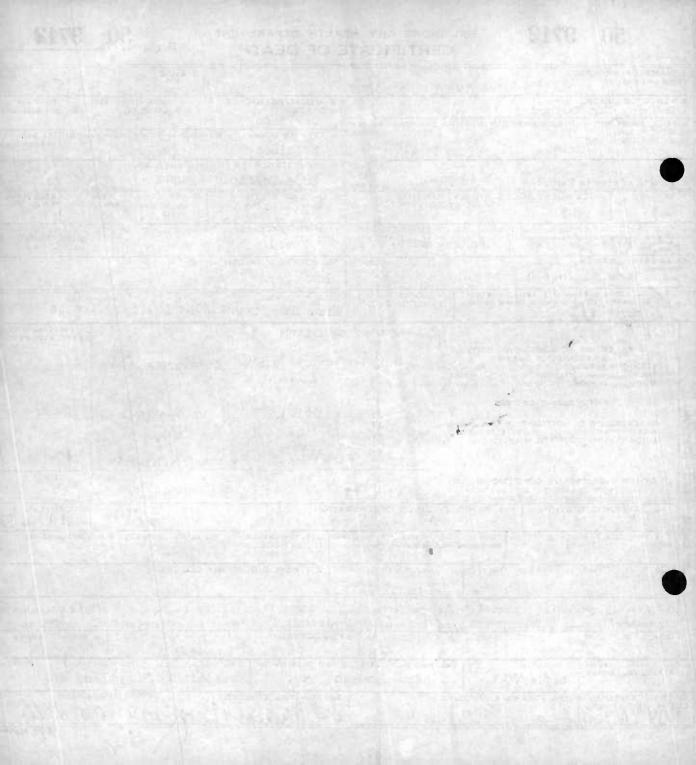


250		
50 9711 BALTIMORE CITY HE	EALTH DEPARTMENT 50	9711
CERTIFICATE	E OF DEATH Registered No	0/17
BIRTH NO.  1. NAME OF DECEASED	La DATE	
(Type or Print)	2. DATE OF DEATH NOV.	12 1950
3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived, If in	stitution : residence
A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or	A. STATE B. COUNTY	before admission)
HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits,	
12 3801 FREDERICK AVE	BALTIMORE 20-	O Stownship)
Yrs. Mos.	D. STREET ADDRESS He rural, give location)	0
c. Length of stay in Baltimore SSYCS Days	3801 HREDERICK	HUE
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		nder 1 Year   If Under 24 Hours
MALE White MARRIED	Hugust 30,1873 77	
IOA. USUAL OCCUPATION (Give kind of Mork done during most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY
LOBORER CEMETERY	YIR9INIA	1. S. H.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
yn mown.	Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or nuknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADI	DRESS
NO NONE 213-18-0261	JOSEPHINE HURN 3801 HA	Ederick Aug
18. 500 K	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1 ti ant	1
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	chavis, me	1. well.
injury or complication which caused death.) DUE TO		
ANTECEDENT CAUSES	sere (Promotities.	2. W. V.
DISEASES OR CONDITIONS, IF ANY, GIVING	The Wantons	July
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CON-		
OTHER SIGNIFICANT CONDITIONS CON-		
TO THE DISEASE OR CONDITION CAUSING IT.	ATION	L 20 AUTODEV2
I ISA. DATE OF FRATION OF ISB. MAJOR FINDINGS OF OPERA	ATTON	YES NO
21A. ACCIDENT. SUICIDE, HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., et		
	(c.) INJURY OCCUR?	
ID. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?	
INJURY NO WHILE AT NOT WHILE AT WORK AT WORK		
22. I hereby certify that I attended the deceased from	t-14, 1950, to Mov- 12, 1959	that I last says the
	red at 3:30 f.m., from the causes and on the	
		23c. DATE SIGNED
D. Solyma for moon M.D.	Carmolle My	11/13/50
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 24D. LOCATION (City, town, or	county) (State)
BURIAL NOV. 15. 1950 Loydon TA	ARK BALTIMORE	Md.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
NOV 1 1950 History Williams Man	SERRE L. Schwab 2101 A	TRED ERICK

VS 150

093 a

1	000								
	5	0 9712	BAL	TIMORE CITY H	EALTH DEPARTMENT	T.	50	97	12
BI	RTH NO.			CERTIFICAT	E OF DEATH	Registere	d No.	-	
1.	NAME OF D	ECEASED	1	LOUIS		2. DATE			
(T	ype or Print)	1-1	braha	m Barr		OF DEATH	1111	3/3	0
3. A.	PLACE OF D Baltimore (	EATH: City, Maryland			4. USUAL RESIDENCE (V	Where deceased lived B. COUNTY			residence re admission)
B.	FULL NAME		ital or institut	ion, give street address of					
	STITUTION	S	23	14	C. CITT OR TOWN	outside corporate li	imits, wr	ite RUI	RAL and give township)
1	2	SINAI	0/170	LITIMOYE Yrs.	Baltimore D. STREET ADDRESS (If	rural give location	U		
	anoth of s	tay in Baltimore	49	Vrs. Mos.	Food Polfield				
_	SEX	6. COLOR OR RAC		Days Days	8. DATE OF BIRTH	I O ACE (In years	I Under	1 Yest	II Under 24 Hours
	miele	White	WIDOW	ED, DIVORCED (Specify	1871	last birthday)	Months	Days	Hours Min.
10	A. USUAL OC	CUPATION (Give kind	of 10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country)	1 12.	CITIZI	EN OF
rori	ropriet	of working life, even If retire	Gener	al Mase Noustry	Russia			WHAT	COUNTRY
13	. FATHER'S	NAME	-!		14. MOTHER'S MAIDEN N	AME			
	Sar	muel Joseph	Barr		Ida Barr				
15 Yes	. WAS DECEASI	ED EVER IN U. S. ARM	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDR	ESS	
	NO	(11 201) 2110 1111 01 01		SECURITI NO.	Mrs. Dora Barr-	3964 Dolfi	eld A	venu	ie
	18. 610	4		CAUSE	OF DEATH				AL BETWEEN
	DISEA	SE OR CONDITION		-				ONSEI	AND DEATH
	(This does	LEADING TO DE s not mean the mode	of dying, e. i	5., (A) H	terioscleratic a	ardio yascul	as	***********	
		are, asthenia, etc. It m complication which			duease.				
		ANTECEDENT CA	USES		1 11.	4			1
Z	DISEASES OF CONDITIONS IS ANY CHINA								
Ĕ	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.								
Ü	ONDERL	TING CONDITION	Engl.		,		1		
F		11		(C)	021.06. 80	who meater	7/1		Cray 5
E R		SIGNIFICANT CON				action			
Ü	TO THE D	DISEASE OR CONDITI	ON CAUSING	т	RATION	Pullation		20.4	UTOPSY?
AL	ISA. DATE	OF OPERATION	19B. MAJOR	3 DIT	RATION			YES	No X
OIC DIC		ENT, SUICIDE,		CE OF INJURY (e.g.,		f in Baltimore Ci	ty, give	exact l	
E	HOMICIDE	(Specify)	ebout home,	arm, factory, street, office bldg.	,etc.) INJURY OCCUR?				
2		(Month) (Day) (Yes	r) (Hour)	21E. INJURY OCCURE	ZED 21F. HOW DID INJURY	Y OCCUR?			
	FINJURY		m.	WHILE AT NOT WHILE					
	22. I hereh	ny certify that La			5 7, 1950, to	11/13 .1	9 5 0 th	at I l	ast saw the
3	deceased a	1	19 60	and that death occu	rred at 11 Am., from t	he causes and o	n the d	ate st	ated above.
	23A. SIGNA		51.00.		23B. ADDRESS.	1 + 0			TE SIGNED
		ujue	. Herre	M. D.	/ / /	tospilat			(State)
710	AA. BURIAL.	CREMA- 249 DATE Specify) 11/14/		Mickro- Kode		ocarion (City, to ltimore, Ma			(State)
_	Burlai					TOTMOTO'S MC		DRESS	
	ATE RECEIVE		R'S SIGNATI	IKE	25. FUNERAL DIRECTOR	3, 4	,		Vaith.
	NUV 14	30U	Jon Wille	4.84.6 M.	wol. gumaon 4	200 -1124	- 46	W ./I	A MONEY
	VS 150	4	-	10 - 11 4 B M			1.	2 -	Copyria
							1-	1	d



525 50 9713 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE ANSON OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY A. STATE hefore admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Yrs. (If rural, give location) 7 den ogth of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED If Under 1 Year 9. AGE (In years) last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) ARRIED 10A, USUAL OCCUPATION (Give kind of) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life even if retired) INDUSTRY WHAT COUNTR ENDERSON 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Manso 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO 04-12-64 La CAUSE OF DEATH 0 X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ū 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION (If in Baltimore City, give exact location) 21c. WHERE DID 218. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY NOT WHILE! WHILE AT AT WORK WORK 22. I certify that I took charge of the remains described above, held an \_ Twinthercon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopan, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes  $\square$ , accident  $\square$ , suicide  $\square$ , homicide  $\square$ , undetermined  $\square$ . 238, CHIEF MEDICAL EXAMINER..... 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER ..... MEDICAL INVESTIGATOR 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) 24A. BURIAL, CREMA-248. DATE TION REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

V S 151

77024

108.0

0

THE REPORT OF STREET

3 4	5(	9714			HEALTH DEPARTMENT	50	9714		
BIRT	H NO.			CERTIFICA	TE OF DEATH	Registered No.			
	AME OF DECEASE or Print)		MANSFIF	LD		2. DATE OF DEATH NOVEMBE	r 11. 1950		
	ACE OF DEATH altimore City,				4. USUAL RESIDENCE (W				
HOS	JLL NAME OF PITAL OR TITUTION	(If not in hospita	ıl or instituti	on, give street address locatio	_ \	outside corporate limits, w			
		s Hopkins	Hospit	al	Baltimore		township		
C.	agth of stay in	Baltimore		Yrs Mos Day	. Han M Ea- C	16	~ 0 V		
5. SI		LOR OR RACE		. MARRIED.	8. DATE OF BIRTH	9. AGE (In years) If Under	1 Year   If Under 24 Hours		
		lored	51	ED. DIVORCED (Speci	3/28/1903	last birthday) Months	Days Hours Min.		
vork do	USUAL OCCUPA neduring most of working			OF BUSINESS OR INDUSTR	MANYORIIISH	GUIANA	WHAT COUNTRY		
13. F	ATHER'S NAME	16			14. MOTHER'S MAIDEN NAME				
152 10	AS DECEASED EVE	KIVOV		10.000111	ULNICN	OWN			
(Yes, n	or unknown) (If)	res, give war or dates	of service)	16. SOCIAL SECURITY NO.	CARRIE W	, LLIAM S-3			
1	8. 422.1		A DITTO	CAUSE	OF DEATH		INTERVAL BETWEEN		
		CONDITION							
	(This does not n heart failure, ast	nean the mode o henia, etc. It mea	f dying, e. g ns the disease	e <b>,</b>	iosclerotic cardio	vascular diseas	e		
	injury or compl	CEDENT CAUS		) DUE TO					
7				(B)	***************************************	***************************************			
0	DISEASES OR C	OVE CAUSE (A)	STATING TH			EA 530			
CATIO	UNDERLYING	CONDITION LA	51.	(C)		***************************************	44.000000000000000000000000000000000000		
RTIFIC	OTHER SIGNIF								
U -	TO THE DISEASE			FINDINGS OF OP	ERATION		20. AUTOPSY?		
ٔ اِد	SA. DATE OF OFE	I.A. TON	,	7770		100	YES NO X		
ح ا ح	IA. EXTERNAL C NDERLYING [] C TING [] CAUSE	OR CONTRIB-		CE OF INJURY (e. g trm,factory,street, office bld		f in Baltimore City, give	exact location)		
2	1D. TIME (Month	) (Day) (Year)	W	TE. INJURY OCCUP	LE	OCCUR?			
2	2. I certify the	at I took char			above, held an Inquiry	& Inspection th	hercon and from		
	the cvidence	obtained by	said Auto	psy, Inspection or	Autopsy, I Inquiry, find that said de ecs X, accident \( \square\), suicide	inspection or Inquiry ceased died on the d	ay stated above		
2	3A. SIGNATURE	a /8 · K	Dislo	chen	23B. CHIEF MEDICAL E ASSISTANT MEDICAL E M.D. MEDICAL INVESTIGATO	XAMINER 23c. D	ATE SIGNED . 11. 1950		
24A. TION.	BURIAL, CREMA. REMOVAL (Specify)		2	4C. NAME OF CEME	TERY OR CREMATORY 24D. LO	OCATION (City, town, or e	ounty) (State)		
DAT	ERECHIVED BY	REGISTRAR	SIGNATU	RE CONTRACTOR	25. FUNERAL DIRECTOR	BALTIMORE	DRESS		
199	AT REGIENRAL	Thurtie,	Talana 117	Marie Rig	JOSEPH A.K.	VELY 661	WBARR		
V S	151		4	7545	5	0930	L ST.		

THE STATE OF STATE OF THE PARTY AND THE PART CURTIFICATE OF DEATH CHARLES THE CHARLES

9715

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE WILHELMINA E. (MINNIE) RUEBERRY Nov. 12, 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Md. (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 3105 Gwynns Falls Pkwy. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 3105 Gwynns Falls Pkwy. Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, B. DATE OF BIRTH 9. AGE (In years WIDOWED, DIVORCED (Specify) last birthday) | Months | Days | Hours | Min. female white widowed Jan. 21,1878 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Housewife at home Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Claus H. Asendorf Elizabeth Tiemyer 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or uoknowo) | (If yes, give war or dates of service) SECURITY NO. Mr. Wm. H. Crane, Jr. 3105 Gwynns Falls INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A) Inoperable Carcinoma of the rectum heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ...... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY Inoperable Carcinoma of the rectum Colostomy 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WHILE AT 22. I hereby certify that Lattended the deceased from April 20 deceased alive on 11/11 1950 and that death accurred at 8 , 1949, to November 11, 1950, that I last saw the 1950, and that death occurred at 8 A.Mm., from the causes and on the date stated above. deceased alive on. 23A, SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 3030 Edmondson Avenue Z4B. DATE 24C. NAME OF CEMETERY OR GREMATORY | 240, LOCATION (City, town, or county) TION, REMOVAL (Specify)

Lorraine Cem.

Woodlawn, Md.

ADDRESS

25 FUNERAL DIRECTOR

Burial

DATE RECEIVED BY

LOCAL REGISTRAR.

11/15/50

REGISTRAR'S SIGNATURE

- . White fills agreed while as was an Line nanyworth by A partition of the state of the Transference of the selection of the communication AND THE PERSON OF THE PERSON O

50 9716 BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE OF FRANK J. ELLWOOD DEATH Nov. 11. 1950 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or Md. B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 4005 Duvall Ave. townshin) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 4005 Duvall Ave. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (in years) If Linder 1 Year last birthday) Months Days Hours Min. May 11, 1884 66 male white widowed IOA. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF ork dooe during most of working life, even if retired INDUSTRY WHAT COUNTRY? Mar vland Ticket Aft. Rtd Railroad 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Yes, no or unknown) Mrs. E. P. Laverdiere - 4005 Duvall Ave. no 705-05-8428 CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) .. heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF **OPERATION** 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY WHILE AT NOT WHILE AT WORK WORK 1949 to 2001) , 1950, that I last saw the 22. I hereby certify that I attended the deceased from 10 , 1950, and that death occurred at 11 Fr m., from the causes and on the date stated above. deceased alive on [47] 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 24C. NAME OF CEMETERY DR CREMATORY 24D. LOCATION (City, town or county) 24A BUNIAL, CREMA-JON, REMOVAL (Specify) 24B. DATE Burial Balto. Md. /15/50 New Cathedral Cem.

VS 150

DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

380 50

25. FUNERAL DIRECTOR

13/a

ADDRESS

The state of the way of the latest and the latest a STALL AND YOUR medital de de factorial west oftened Thints at englishings. T. In , 2016 

50 9717 BALTIMORE CITY HEALTH DEPARTMENT Registered N CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF H. SNOWDEN November 13, 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Union Memorial Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 12 E. 33rd Street Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years If Under 1 Year it Under 24 Hours last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) Female. White widowed Mar. 15, 1894 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY none Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John C. Eversfield Ella Birch 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or ookoowo) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Dobbs Farry, N. (Yes, no or ookoowo) no Mrs. Elizabeth d'Avi-235 Palisade Ave. none INTERVAL BETWEEN 18. 581.0 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cirrhosis of the liver (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) MUEXY ANTECEDENT CAUSES Fatty infiltration of liver DISEASES OR CONDITIONS, IF ANY, GIVING BUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Chronic pancreatitis OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION NO 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB. INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) UTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY NOT WHILE! WHILE AT WORK Autopsy 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above. and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . 238, CHIEF MEDICAL EXAMINER..... 23c. DATE SIGNED 23A. SIGNATURA ASSISTANT MEDICAL EXAMINER .... Nov. 13. MEDICAL INVESTIGATOR 244 NAME OF CEMETERY OR CREMATORY 24A. BURIAL. CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) Removal Arlington, Va. 11/15/50 Arlington National Com. REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR DATE RECEIVED BY ADDRESS LOCAL REGISTRAR relever

V S 151

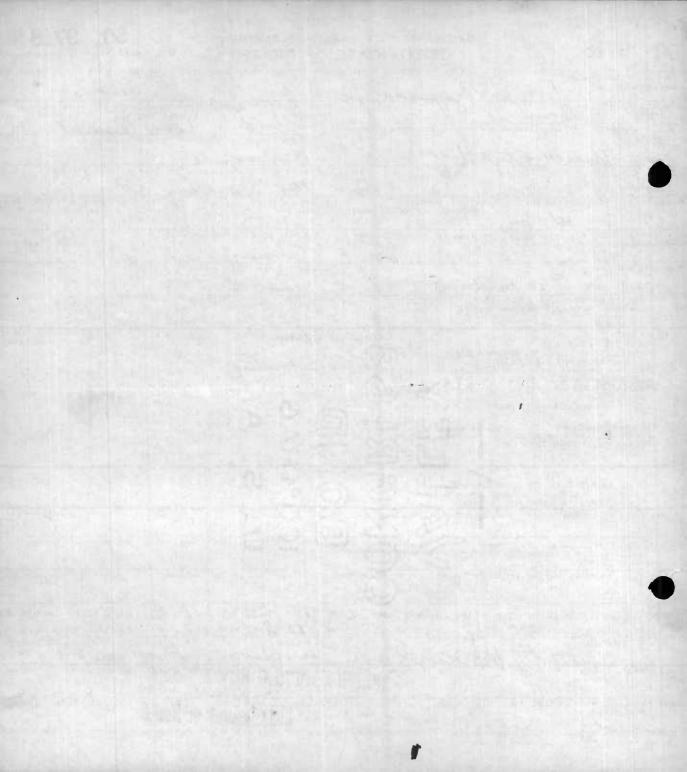
ERTIFICATION

ū

EDICAL

Mediane ...... - 17 - 10 to 1 = 11+8

AZAPARdo BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) 11-8-57 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location ) (If outside corporate limits, write RURAL and give INSTITUTION arundale Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) If Under 1 Year If Hoder 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours; Min. 11-7-50 10a. USUAL OCCUPATION (Give kind of) IOB. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ena 15. WAS DECEASED EVER IN W. S. 4PMED FORCES? Yes, no or unknown) (If yes, give war of dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? about home, ferm, fectory, street, office bldg., etc.) LYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE WHILE AT AT WORK , 1952, to 11-8, 1952, that I last saw the 22. I hereby certify that I attended the deceased from 11-7 \_\_, 19JP. and that death occurred at 🎜 🎏 m., from the eauses and on the date stated above. deceased alive on\_\_//-23A. SIGNAPORE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-24B. DATE TION, REMOVAL (Specify) REGISTRAR'S SIGNATURE DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR



7. SINGLE, MARRIED.

WIDOWED, DIVORCED (Specify)

16. SOCIAL

DUE TO

OUE TO

21B. PLACE OF INJURY (e. g., io or

21E. INJURY OCCURRED

NOT WHILE AT WORK

deceased alive on 11/2 1950, and that death occurred at 5.25 Am., from the causes and on the date stated above

23B. ADDRESS

about home, farm, factory, street, office bldg., etc.)

198. MAJOR FINDINGS OF

WHILE AT

SECURITY NO.

108. KIND OF BUSINESS OR

RESTAURANT

c. Length of stay in Baltimore

10A. USUAL OCCUPATION (Give kind of

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE

11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

UNDERLYING CONDITION LAST.

21A ACCIDENT WAS UNDER-

CAUSE OF DEATH

23A. SIGNATURE

24A. BURIAD CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY LOCAL REGISTRAR

VS 150

F INJURY

LYING OR CONTRIBUTING

ID. TIME (Month) (Day) (Year) (Hour)

22. I hereby certify that I attended the deceased from //

work dooe during most of working life, even if retired)

OWNER 13. FATHER'S NAME

(Yes, oo or unkoowo) (If yes, giv

CERTIFICATION

EDICAL

6. COLOR OR RACE

Yrs. Mos.

Days

INDUSTRY

BALTIMODE CITY	/ HEALTH DEPARTMEN		50 971			
	ATE OF DEATH		stered No.			
Kis		2. DATE OF DEATH	nov!	2,195		
	II 4. USUAL RESIDENCE	(Where deceased	lived If inst	titution : resid		

11. BIRTHPLACE (State or foreign country)

14. MOTHER'S MAIDEN NAME

21c. WHERE DID

21F. HOW DID INJURY OCCUR?

, 1950, to 11/12

INJURY OCCUR?

Greece

If Under 1 Year

12. CITIZEN OF

last birthday) Months; Days Hours; Min.

If Under 24 Hours

WHAT COUNTRY?

20. AUTOPSY

23c. DATE SIGNED

YES

, 1950, that I last saw the

before admission)

(If rural, give location)

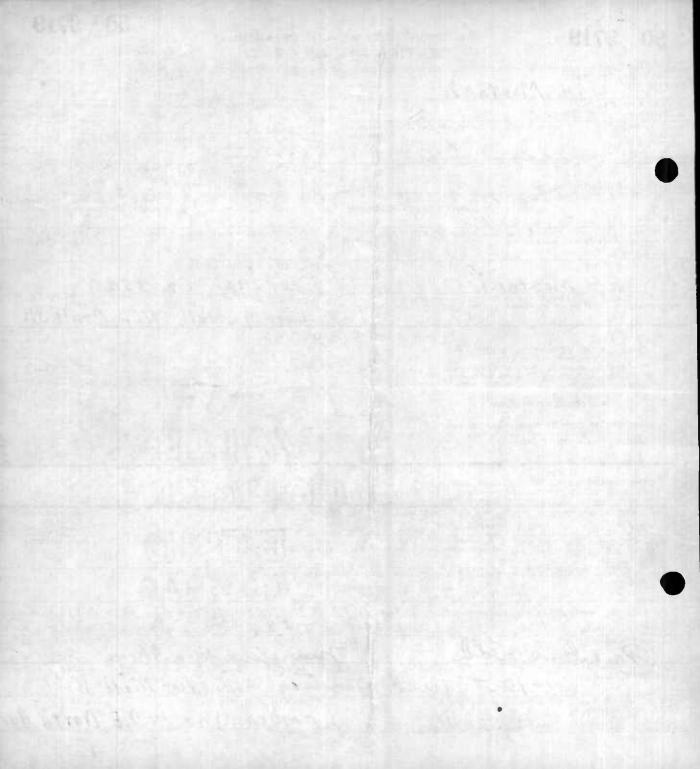
9. AGE (in years)

rassas

29061

24C. NAME OF CEMETERY OR CREMA

(If in Baltimore City, give exact location)



## BALTIMORE CITY HEALTH DEPARTMENT

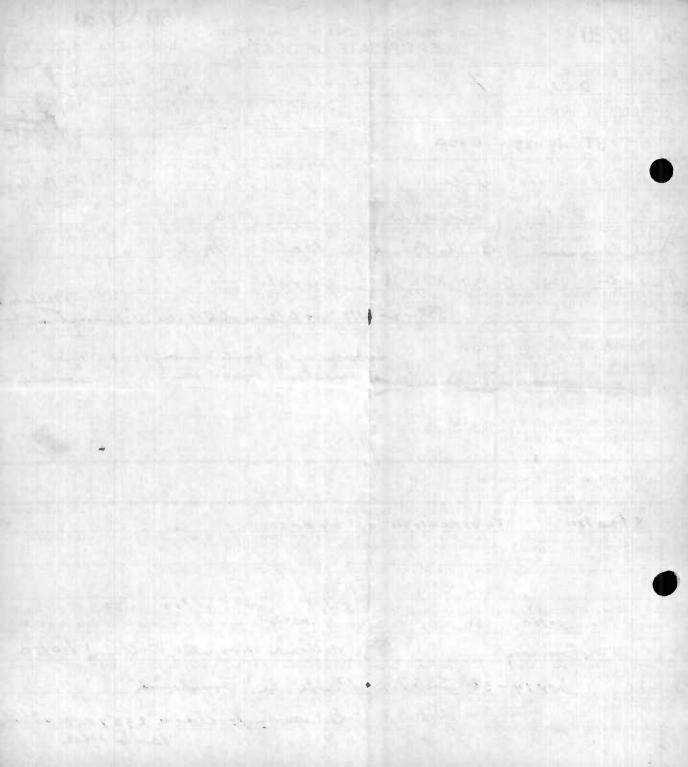
50 9720

CERTIFICATE OF DEATH Registered No. 1. NAME OF DECEASED (Type or Print) 2. DATE ARnold 11/10/50 OF DEATH David 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B/COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION 40 SP. township) Yrs. D. STREET ADDRESS (If rural, give location Mos. c. Leigth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 9. AGE (Va years last birthday) If Under 1 Year If Under 24 Hours Months Days Hours Min. WIDOWED, DIVORGED (Specify) married 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) , INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME NOLL WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS Balla he (If yes, give war or dates of service) Eur alermold 18. 0/ CAUSE OF DEATH MYERVAL BETWEEN DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) .... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION Tuberculoses of bladder NO V YES 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE 11/10 . 195, that I last saw the 1950/to 22. I hereby certify that I attended the deceased from. deceased alive on 1.10 . 1950, and that death occurred at 10 23 pm., from the causes and on the date stated above. 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED St agues Hospital, Palte 11/10/50 Donway 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY Burial HOV 14-50 DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS

VS 150

LOCAL REGISTRAR

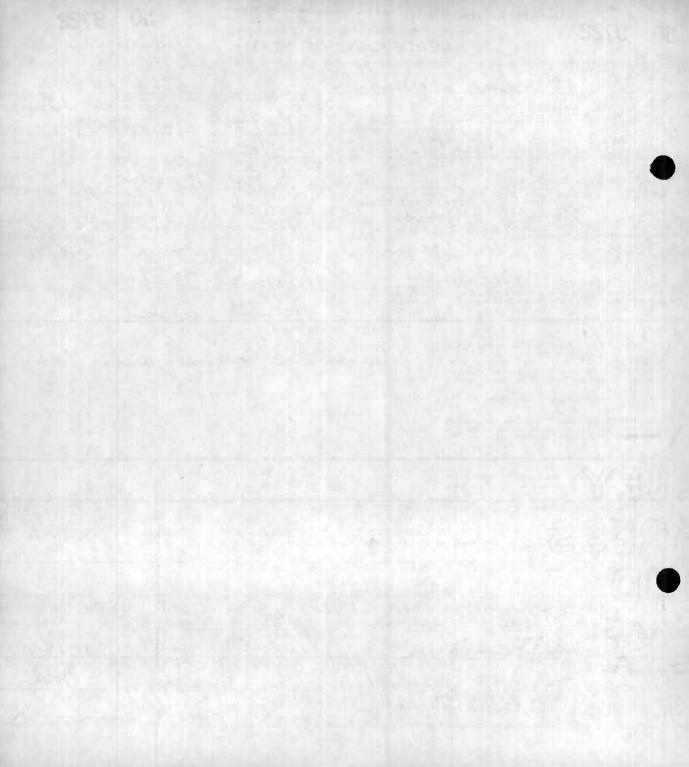
Bell ma 014.0



3	63		50 9721
	50 9721	BALTIMORE CITY HEALTH DEPART	
		CERTIFICATE OF DEAT	** *
_	IRTH NO.		1 2. DATE
	NAME OF DECEASED MONA	( & devards)	OF / M 11 1950
	. PLACE OF DEATH: Baltimore City, Maryland	A. STATE	NCE (Where deceased lived, If institution: residence B. COUNTY before admission)
	FULL NAME OF (If not in hospital OSPITAL OR	or institution, give street address or location) C. CITYOR TOWN	(If putside corporate limits, write RURAL and give
IN	10 19 Eneve		township)
	Langth of stay in Rollimore	Yrs. D. STREET ADDRS	word ST 10 = 01
	. Length of stay in Baltimore	7. SINGLE, MARRIED. 8. DATE OF BIRTH	9. AGE (in years   ff Under   Year   ff Under 24 Hours   last birthday   Months: Days   Hours   Min.
	7 C.	Deve ced (Specify) April 25)	880 70
	DA. USUAL OCCUPATION (Give kind of lak done during floet of working life, even it retired)	IOB. KIND OF BUSINESS OR INDUSTR	State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13	3. FATHER'S NAME	14. MOTHER'S MA	IDEN NAME
	John?	mary	Jane James
15 (Ye	5. WAS DEASED EVER IN U. S. ARMED F er, no or unknown) (If yes, give war or dates o	FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT (	Roberto 1019 Eners ST
	18. 4142 X .	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION D	IRECTLY	ONDER THIS DEATH
	LEADING TO DEATH (This does not mean the mode of	dying, e.g., (A)	loay
	heart failure, asthenia, etc. It means injury or complication which can		
	ANTECEDENT CAUSE	s Cha Cuahas	reval Vacced of 6 mis
NOIL	DISEASES OR CONDITIONS, IF		
CAT	UNDERLYING CONDITION LAS	The same of the sa	typotemion
F	11	(c) as ares.	selevosis?
ERT	OTHER SIGNIFICANT CONDIT		
CE	TO THE DISEASE OR CONDITION	CAUSING IT.	
AL		B. MAJOR FINDINGS OF OPERATION	YES NO
EDICAL	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCU	
Σ	p. TIME (Month) (Day) (Year) (	Hour)   21E. INJURY OCCURRED   21F. HOW DIE	INJURY OCCUR?
1	INJURY	m. WHILE AT NOT WHILE	
	22. I hereby certify that I atte		6, to low, 11, 19 50 that I last saw the
	deceased alive on	, 19 30, and that death occurred at 1. N. r. m	, from the causes and on the date stated above
	23A. SIGNATURE	238. ADDRESS 4. D. 1436	· Chare 11.14.50
2 TI	24A. BURIAL, CREMA- 24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
-	DATE RECEIVED BY REGISTRAR'S	SIGNATURE 25 FUNERAL DH	RECTOR ADDRESS
1			LC TOIL
No.		vajor milians, ma Mistor	heit G. Ellist & Daughter
_		100	heit G. Ellist V Daughter

LOS CONTRACTOR OF THE CONTRACT STATE OF THE PARTY OF THE PARTY

40-614 CERTIFICATE CORRECTED.	11-17-50 50 0722
50 9722 BALTIMORE CITY HE	EALTH DEPARTMENT 50 9722
BIRTH NO. CERTIFICATI	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print)	2. DATE OF DEATH //-/4-50
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY, before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR	Maryland Howard
INSTITUTION mynath brantal	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Days  5. SEX   6. COLOR DR RACE   7. SINGLE, MARRIED.	1 RFU. Worden
Male White Warnel (Specify)	Sept. 29, 1874 76
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY!
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Treinterry Warfield	Orusana Warthan
15. WAS DECEASED EVER N.U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, in jury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CDN.	
OTHER SIGNIFICANT CONDITIONS CDN- TRIBUTING TO THE DEATH, BUT NOT RELATED TD THE DISEASE DR CONDITION CAUSING IT.	Samility
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20, AUTOPSY?
Z1A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg., c	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRING INJURY NOT WHILE	
22. I hereby certify that I attended the deceased from 16 deceased alive on 16-13, 1950, and that death occur	
	23B. ADDRESS  Oneverly for 23c. DATE SIGNED  11-14-50
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE TION, REMOVAL (Specify) NN. 16 1950 Open Spring	RY OR CREMATORY 249 LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	Clin L. Wolsonth Januarus Mel
VS 150	0511



50 9723

	CEDTIEICAT	E OF DEATH Registered No.	0740
B	IRTH NO.	E OF DEATH	,
	NAME OF DECEASED TAMES.W. AUNA	WAI)	5-0
3. A.	Baltimore City, Nangara OR AVE + BUKELAN &	4. USUAL RESIDENCE (Where deceased lived. If ins	titution; residence before admission)
H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR APPLIANTION)	C. CITY OR TOWN (If outside corporate limits, v	
	LUTHERAN DURELANDST	BALTO	township)
c.	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 2517 W. FAYETTE S.	T 20.02
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. (Specify)		der I Year II Under 24 Hours his Days Hours Min.
1C	DA. USUAL OCCUPATION (Give kind of the double of the doubl	- MandaC.	2. CITIZEN OF WHAT COUNTRY?
13	ENGINEER (STATION AND) CITY BATH HOUSE	14. MOTHER'S MAIDEN NAME	
	JAS. T. QUNAWAY		
15 Ye	MAS DECEASED EVER IN U. S. ARMED FORCES?  (If yee, give war or dates of service)  (If yee, give war or dates of service)  SECURITY NO.	MRSP-DUNAWAY 2517 W	FAYETIEST
	18. 58/.0 . CAUSE	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	1 1 1 1 1 1	
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	mosis of me aire,	Shus.
	ANTECEDENT CAUSES		
S	DISEASES OR CONDITIONS, IF ANY, GIVING		
4	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
7	(C)		
77	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED		
,	19a, DATE OF OPERATION   19b, MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
Y	0		YES NO
FUL	21a. ACCIDENT, SUICIDE.  HOMICIDE (Specify)  about home, farm, factory, street, office bldg.,	in or 21c. WHERE DID (If in Baltimore City, give etc.) INJURY OCCUR?	e exact location)
2	D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY WHILE AT NOT WHILE		
	m.   work   at work	1 32 Ment 12 (7)	that I last once the
	deceased alive on 13, 1950, and that death occur	75	
			23c. DATE SIGNED
3	BURIAL PREMA- 24B PATE 24C. NAME OF CEMETE	ERY OR CREMATORY   24D. LOCATION (City, town, or	county) (State)
1	ATE RECEIVED BY   REGISTRAR'S SIGNATURE	96E. WASHIBLYO	ADDRESS
	MOLA REGISTRAR		YND HURST

583 93

1241

NOT A MEDICAL EXAMINER'S CASE

RATIONAL EXAMINER'S CASE

CHIEF DY ASS'T PUNCTURE MANINER

MICTE CONSIDER SON WERE ELLO

SERVICE SAME BOLLINGS

A SQUAR AVERTA

SAWAMULTS

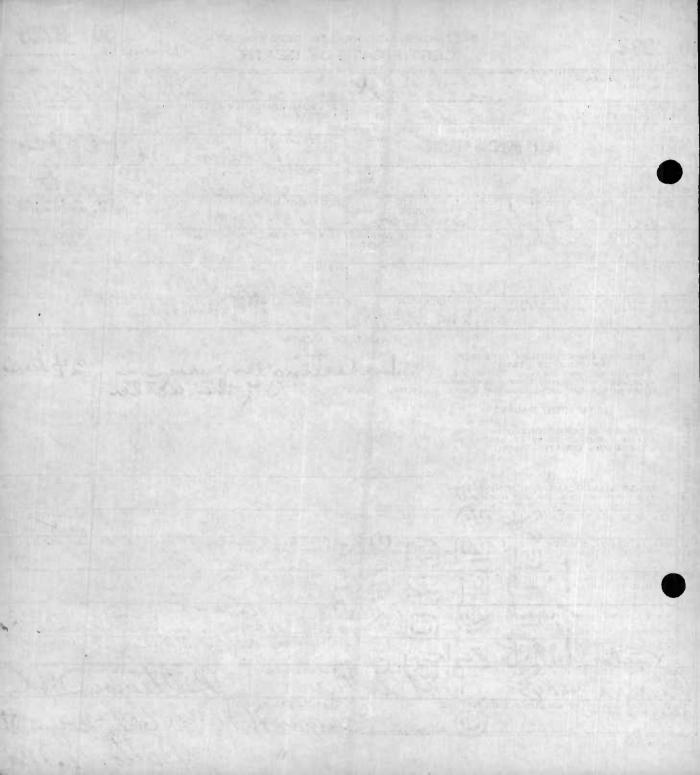
550 9724

50 9724

200 0724	CEDITIES AT			Registered	0/64 No
BIRTH NO.	CERTIFICATI	- OF DEA	ТН	Registered	140
1. NAME OF DECEASED (Type or Print)	William E. Lan	non		2. DATE OF DEATH 1:	1-10-50
3. PLACE OF DEATH: Politimore City Manuford Ral:	timore Md	4. USUAL RES	IDENCE (Who	re deceased lived. I	f institution : residence
B. FULL NAME OF (If not in hospital or insti	itution, give street address or	A. STATE	ma	B. COUNTY	before admission)
HOSPITAL OR INSTITUTION	location)	C. CITY OR TO	WN (If ou	tside corporate lim	its, write RURAL and give
920 Homstead S	treet	Balt	imore		township)
c. Length of stay in Baltimore	Yrs. Mos. Life Days		omstead	Street	
WID	GLE, MARRIED, OWED, DIVORCED (Specify) Married	8. DATE OF BIR	RTH	AGE (In years)	If Under I Year If Under 24 Hours Inn.
10A. USUAL OCCUPATION (Givekind of 10B. K.	IND OF BUSINESS OR	11. BIRTHPLAC		ign country)	12. CITIZEN OF
ork done during most of working life, even if retired) Painter	Balto CON 18	Balti	פינסוז		USA UNTRY
13. FATHER'S NAME		14. MOTHER'S		E	USA
Unknown	Little Marine III	Un	known		
15. WAS DECEASED EVER IN U.S. ARMED FORCES Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMAN			ADDRESS
Yes World War #	SECURITY NO.	Cecilia	Lannon	920 Ho	mestead Street
18. 204. 2	CAUSE	OF DEATH			INTERVAL BETWEEN
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GI RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS	(C)	mono		7//	73.
TRIBUTING TO THE DEATH, BUT NOT REL					
19A. DATE OF OPERATION   19B. MAJ	OR FINDINGS OF OPER	ATION	5 22		20. AUTOPSY?
	PLACE OF INJURY (e. g., in ome, farm, factory, street, office bldg., e			in Baltimore City,	give exact location
D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRI		YANLAI GIG	OCCUR?	
22. I hereby certify that I attended to deceased alive on Nov 9, 1950	1. and that death occur	reft at 1005	R; from the	causes and on	
23A. SIGNATURE CULBERT CO	seubore M.D.	38. ADDRESS.	hotth	Ave	Nov. 13, 195
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial 11-14-50	24c. NAME OF CEMETE			ATION (City, tow	
	Balto. N	ational 25 FUNERAL I		Baltimore 1	Md. ADDRESS
NOV 1 41950	SCHOOL ING	lely to	lidu	403 S. Wo.	
VS 150	51024	110			0742

2025 6. noth Ges was a supply the property of The Street Street

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, wate RURAL and give C. CITY OR TOWN is hopeins hospital INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 9. AGE (In years | I Under 1 Yest 7. SINGLE, MARRIED H Under 24 Hours 5. SEX 6. GOLOR OR RACE 8. DATE OF BIRTH last birthday) | Months: Days | Hours : Min. WIDOWED, DIVORCED (Specify) -16-11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? INDUSTRY over 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. -07-710 INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION EDIC (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or about home farm, factory, street, office bldg., etc.) 21c. WHERE DID 21A. ACCIDENT, SUICIDE, INJURY OCCUR? HOMICIDE (Specify) 21F. HOW DID INJURY OCCUR? ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY WHILE AT NOT WHILE! 3, 19 50 to 11-12 -1956 that I last saw the 22. I hereby certify that I attended the deceased from\_ deceased alive on 11-12-1950, and that death occurred at m. from the causes and on the date stated above. 23B. ADORESS 23c. DATE SIGNED 23A. SIGNATURE BURIAL, CREMA-24c. NAME OF METERY OR CREMATORY ADDRESS( 25 FUNERAL BURECTO SIGNATURE RECEIVED BY VS 150



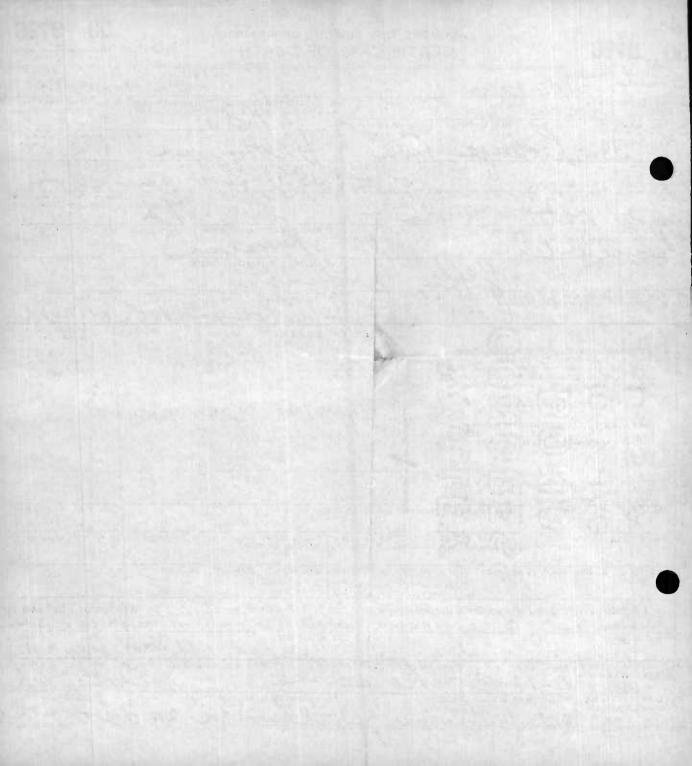
50 1726

1. NAME OF DECE
(Type or Print)

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 9726 Registered No.

01	111111110.								
1. (T	NAME OF DE		Rosen			2	OF LOEATH	ov. 14, 1	950
	PLACE OF DE Baltimore C	ity, Maryland			4. USUAL RESI	DENCE (Wher	e deceased lived B. COUNTY		residence re admission)
8.	FULL NAME C		pital or instituti	on, give street address		na			<u> </u>
	STITUTION	239 EM	HA.00	Coolocatio	c. CITY OR TOW	VN (If outs	ide corporate	mits, vrite I/U	RATI and give township)
7	~ ~ ~	2/000	myse	Yrs	D. STREET ADD	DESE (If rurs	l, give location)		
c.	Length of st	ay in Baltimore	0	41- Mas	- 9615111	Hav	uson	a	ve
3/	SEX	6. COLOR OR RAC		. MARRIED. ED, DWORCED (Speci	8. DATE OF BIR	TH 9.	AGE (In years last oirthday)	Il Under 1 Year Months: Days	If Under 24 Hours
A	zwale	White	16	edow	1		12		
1 C	A. USUAL OCC k dyng during most of	UPATION (Give king working life, even a reting	dof 10B, KIND ed)	OF BUSINESS OR INDUST	11. BIRTHELACE	(State or foreig	n'country)	12. CITIZ WHAT	EN OF COUNTRY?
<u>_</u>	Tous	were	/		100	see			
13	3. FATHER'S N	AME /	Mak		14. MOTHER'S N	ADEN NAME			
			13	2	glava	u			
15 Ye	5. WAS DECEASE	D EVER IN U. S. ARI	MED FORCES?	16. SOCIAL SECURITY NO	7. INFORMANT	1		ADDRESS	
			1 10		Julius R	orace -	3835	octa	ge les
	18. 1414	14		CAUSI	OF DEATH			INTER	AL BETWEEN
	177/	E OR CONDITIO	N DIRECTLY					ONSTAT	AND DEATH
		LEADING TO D	EATH	C	erebral f	He morrt	1400	8	hours
	heart failur	re, asthenia, etc. It is complication which	neans the disease	e,	. (100)	••••••••••	Ŏ.		
		ANTECEDENT CA	USES	11		11.	./ D		
Z				(B)	uper tensiv	e valse	Idr Vise	936	
2	RISE TO TI	HE ABOVE CAUSE	(A) STATING TH		//				
Y	UNDERLY	ING CONDITION	LAST.						
-	DE UES			(C)					
3	OTHERS	II IGNIFICANT COI	VOITIONS CON					48 484-4-1-4	
L	TRIBUTING	TO THE DEATH, B	UT NOT RELATE	.D					
		SEASE OR CONDIT		FINDINGS OF OP	ERATION			20.	AUTOPSY?
AL								YES	No
S S		NT. SUICIDE.		CE OF INJURY (e. garm, factory, street, office bld			Baltimore Cit	y, give exact	location)
1	HOMICIDE	(Specify)	about nome,	arm, ractory, atreet, onice bid	Ig., ew. / INJUNI OCC	JOR?			
Σ	D. TIME (	Month) (Day) (Ye	ear) (Hour)	2 1E. INJURY OCCUP	RRED 21F. HOW D	ID INJURY O	CCUR?		
-	INJURY			WHILE AT NOT WHI	LE				
		.10 .17 . 7	m.	WORK AT WOR	Nov 13, 19	50 4 1/	N 14 10	O should	and amou 4h.
		y certify that I			curred at 2:30 A				
	deceased al		7, 1950,	ana that death bee	23B. ADDRESS	)	auses and or		TE SIGNED
	254. 310	woo V	Vomak	₩. D.	3600 1	and Hay	as ave	2 now	
2	4H. BURTAL, C	REMA- 248. DAT	E/ / ]:	24C. NAME OF CEME	TERY OR CREMATOR	RY 240 KOCK	ATION (City,	n, or county)	(State)
TI	M. REMOVAL	pecify)	1.16	RAZO	dale		6	retto	rus
É	ATE RECEIVED	1100	AR'S SIGNATU	IRE	125. FUNERAL D	IRECTOR		ADDRES	S
	OCAL REGISTI		11- 1/11	4000	Vac VITa	Skeep	2100	6+	- PR
N	IOV 1 4191	51) Thew are	tow Thele	CHILL IN SER	Jun Jen	UNC	20100	outu	N III
6 6	VS 150	- 4	5)	()				XA	
								8 6	a



9727 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RERAL and give INSTITUTION DISTREET ADDRESS (If rural, give location) Yrs. Mos. gth of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 9. AGE (In years If Under 1 Yest 8. DATE OF BIRTH If Under 24 Hours Months Days Hours Min. 10A. USUAL OCCUPATION (Give kind of work down during most of working life, even if retired) 10B. KIND OF BUSINESS OR THPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTR a MARIA 13. FATHER'S NAME 44. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (You, no or unknown) (If you, give war or dates of pervice) 16. SOCIAL 17. INFORMANT **ADDRESS** (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH 18. 002X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) ..... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES (If in Baltimore City, give exact location) 21c. WHERE DID 218. PLACE OF INJURY (e. g., la or 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING [] CAUSE OF DEATH. 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY NOT WHILE WHILE AT AT WORK WORK allegenthereon and from 22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy. Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [7], accident [ ], suicide [ ], homicide [ ], undetermined [ ]. 23B, CHIEF MEDICAL EXAMINER ..... 23c. DATE SIGNED 23A, SIGNATURE ASSISTANT MEDICAL EXAMINER ..... MEDICAL INVESTIGATOR .... 24D. LOCATION (City, town, or county) 24C. NAME OF CEMETERY OR CREMATORY BURIAL, CREMA-24B, DATE TION REMOVAL (Specify) rans ADDRESS DATE RECEIVED BY FUNERAL DIRECTOR REGISTRAR'S SIGNATURE 25, LOCAL REGISTRAR

V S 151

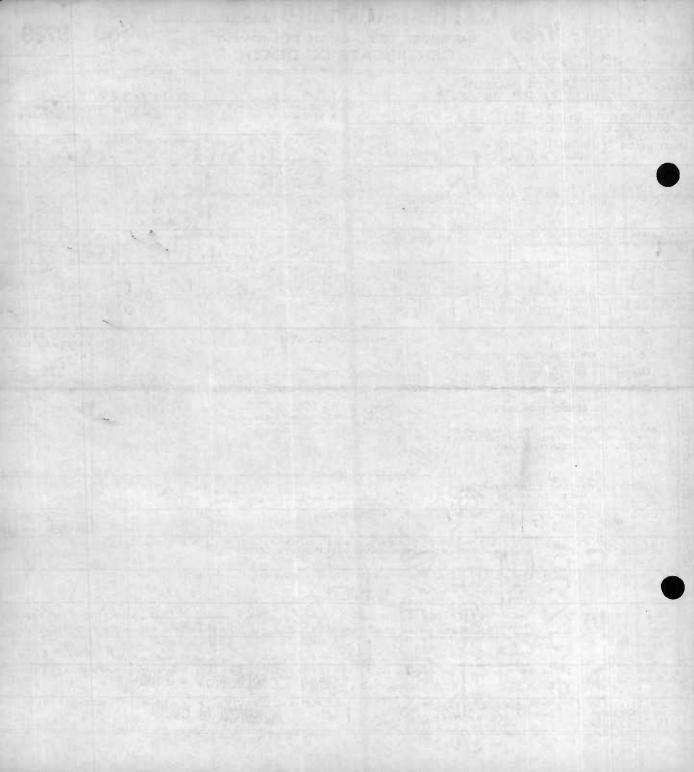
17099

013 b Chessin

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 11-12-50 Detta Schuyler 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) Marylnad (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Baltimore City Hospitals Baltimore (Dundalk) D. STREET ADDRESS (If rural, give location) Yrs. Mos. 50 Yrs. 102 East Avenue (22) c. Length of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours birthday) Months Days Hours: Min. Negro Female Oct. 24, 1885 Married 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Howeville Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Stringfellow Julia Smith 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) ADDRESS 4940 16. SOCIAL 17. INFORMANT SECURITY NO. Records\* Balto. City Hospitals Eastern Av CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH 10 Days Myocardial Infarction (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Arteriosclerosis DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. ERTIFICA (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED 9-10 Years Diabetes Mellitus TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19A. DATE OF OPERATION MEDICAL YES X 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) INJURY OCCUR? 21E. INJURY OCCURRED ID. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? FINJURY WHILE AT 10-24 \_, 19\_50that I last saw the 22. I hereby certify that I attended the deceased from. 1950 3:50mP from the causes and on the date stated above. and that death occurred at\_ deceased alive on 23A, SIGNATURE 4940 Eastern Avenue 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Surva 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Viller VS 150

+

2	00	ma	OPLOO	CERI	IFICATE CO	RRECIED_11-20-5	50	
		JU	9729			HEALTH DEPARTMENT		9729
ВІ	RTH NO.	8-2	3404		CERTIFICAT	TE OF DEATH	Registered No	
1.	NAME OF I			ichard	rk<		2. DATE OF DEATH //-/2	-50
Α.	PLACE OF Baltimore	City, M		etr.	md.	4. USUAL RESIDENCE (	Where deceased lived. If in B. COUNTY	stitution : residence before admission)
H	FULL NAME		If not in hospita	al or institut	ion, give street address location		If outside corporate limits,	write RURAL and give
3	STITUTION	Fre	enklen	Sq.	Josephal	Baltr. gr	1d 23-1	township)
				V	Yrs Mos		f rural, give location)	
	Length of		Baltimore OR OR RACE	7 SINGLE	Day  MARRIED.	8 DATE OF BIRTH	19. AGE Wa years I Um	der 1 Year   If Under 24 Heurs
	m.	0	W.	WIDOW	ED, DIVORCED (Speci	10-31-50	last b (rinday) Mont	hs Days Hours Min.
Mork 10	A. USUAL OC done during most	of working	ON (Give kind of life, even if retired)	IOB. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)() 1	2. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	NAME	91	0		14. MOTHER'S MAIDEN	NAME 2	
15	. WAS DECEAS	ED EVER	IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT	Cheyon	DRESS
(18	i, no or unknown	(11 yea	, give war or date	or service)	SECURITY NO.		0	
	18. 76:	2.5			CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEA		CONDITION		7			9 .4 .
	heart fail	ure, asthe	ean the mode onia, etc. It mea	f dying, e. a ns the diseas	e,	<u> </u>	•	3 22
	injury of		eation which of		a.) DUE TO			
N	DISEASE		ONDITIONS, I		(В)	alulus		
ERTIFICATION	RISE TO	THE ABO	VE CAUSE (A) ONDITION LA	STATING TH		electas + I		
FIC					(C)			
RT			CANT CONDI					
CE	TO THE	DISEASE	E DEATH, BUT	CAUSING I	т	macunic	7	
AL	19A. DATE	OF OPER	RATION	98. MAJOR	FINDINGS OF OP	ERATION /		YES NO
EDICAL	21A. ACCID HOMICIDE	ENT, SU (Spec		218. PLA ebout home,	ACE OF INJURY (e. g arm, fectory, street, office bld		(If in Baltimore City, give	e exact location)
Σ			(Day) (Year)	(Hour)	21E. INJURY OCCUR	RED 21F. HOW DID INJUR	RY OCCUR?	
K	FINJURY			m.	WHILE AT NOT WHI			
	22. I here	by certi	fy that I att	ended the	deceased from	10 / 3 / , 1950, to	11/12,1957	that I last saw the
	deceased of		11/12	, 1950.	and that death occ	urred at 8 / P.m., from	the causes and on the	date stated above.
	23A, SIGNA	ATURE	_ am	luce	. м. р.	238. ADDRESS	un Hantel	11/13/50.
24 TIC	AA. BURIAL	CREMA- Specify)	248. DATE		24C. NAME OF CEME	N HOPKINS MEDICAL SCHOOL N	OV 13 (950 WA, O	r county) (State)
D	ATE RECEIVE	ED BY	REGISTRAR	s SIGNATA	lliams, Miss	25. FUNERAL DIRECTOR		ADDRESS
N	OV TEAT	350	and their	140 M	massa, Mist	) SOHIMISMONG	at moun	
	VS 150				् अभिनिकान्त्रवाद्यकः	1 4	/-	19.0



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 9730

ВІ	IRTH NO.			CERTIFICAT	E OF DEATH	Registered	No.	0700
1. (T	NAME OF D	ECEASED	v.P.1	wz		2. DATE OF DEATH WAY	1/3-/9	550
	PLACE OF D	EATH: City, Maryland	Bulto (	ユニナル	4. USUAL RESIDEN	CE (Where deceased lived. B. COUNTY	If institutio	on : residence efore admission)
В.	FULL NAME			on, give street address or location)	Md			1
	ISTITUTION	2309. N Ca	IVA.T	ST	c. CITY OR TOWN	(If outside corpora e lift	its, write R	township)
4		2304.11 60	1441	Yrs.	D. STREET ADDRESS	s (lf rural, give location)		<u> </u>
		tay in Baltimore	Life	Mos. Days	1 2309 N.C	alvert. St		Transition 1
5.	SEX	6. COLOR OR RACE	7. SINGLE WIDOW	. MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	H Under 1 Year Months Day	ys Hours Min.
10	Male	CUPATION (Give kind of		ried	Aug. 24.187	73 0	1	
orl	done during most	of working life, even if retired)	IOB. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sta	tre or foreign country)	12. CIT	IZEN OF AT COUNTRY
13	. FATHER'S	VAGET	AME	ricaN Store	14. MOTHER'S MAID	O. CITY	145	A-
	A	T / . T-			24 . A4			
15	. WAS DECEASI	ED EVER IN U. S. ARMEI	D FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS	
	No	(11 300, give war or date	a or service)	214-26-4344	Mrs. SPLu	Ta. 230 9 N. C	alvert	T. ST. Belto
	18. 422	2.2		CAUSE	OF DEATH			ERVAL BETWEEN
ř	DISEAS	SE OR CONDITION	DIRECTLY	ma -a		7		2
	(This does	LEADING TO DEA s not mean the mode are, asthenia, etc. It mes	of dying, e. g	(A)	reached !	yeurstra	- 0	) of 23
		complication which					-	/
		ANTECEDENT CAU	SES	P	much to	Chramin	, (	20-jus.
5	DISEASE	S OR CONDITIONS,	F ANY, GIVIN	(B)			**********	
Z	UNDERL	THE ABOVE CAUSE (A) YING CONDITION L	STATING TH	E DUE TO				
2				(C)				
2	OTHER S	II SIGNIFICANT COND	ITIONS CON	01				1 1 . 10
J L		G TO THE DEATH, BUT			mo		9	anyo
_	19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION			AUTOPSY?
2	21A. ACCIDE	ENT, SUICIDE,	21B. PLA	CE OF INJURY (e. g., i	n or   21c. WHERE DIE	(If in Baltimore City	, give exac	
ב	HOMICIDE	(Specify)	about home, fo	arm, factory, street, office bldg.,	etc.) INJURY OCCURT			
Σ		(Month) (Day) (Year	(Hour) 2	21E. INJURY OCCURR	ED 21F. HOW DID II	NJURY OCCUR?	75-14	
	FINJURY			WORK NOT WHILE		3		
	22. I hereb	y certify that I at	tended the	deceased from 11-	7-50 ,19	to $1/-1$ $3-5$ $419$ rom the causes and on	, that I	I last saw the
	deceased a	live on 11-13-5	<u>ن</u> , 19, و	and that death occur	rred at 30 pm., f	rom the causes and on	the date	stated above
	23A SIGNA	TURE	MI AN		3B. ADDRESS	2290	23c. [	PATE SIGNED
2.	4A. BURIAL.	CREMA- 24B. DATE	m la	M. D. ]	RY OF CREMATORY I	24D. LOCATION (City, tow	n, or count	y) (State)
TI	Durial	Specify) // //6 /s		Friends-Bu		Balta Cit	7	171
D	ATE RECEIVE	D BY   REGISTRAR			25. FUNERAL DIREC	CTOR	ADDRE	ess
1	OCAL REGIST	350 fautur	or / till	auce, Miss	Lassely Fun	nal Home 740/1	Belsin 1	Pd Balto Go

VS 150

093d

1815 33 mel Dr. Herrmon

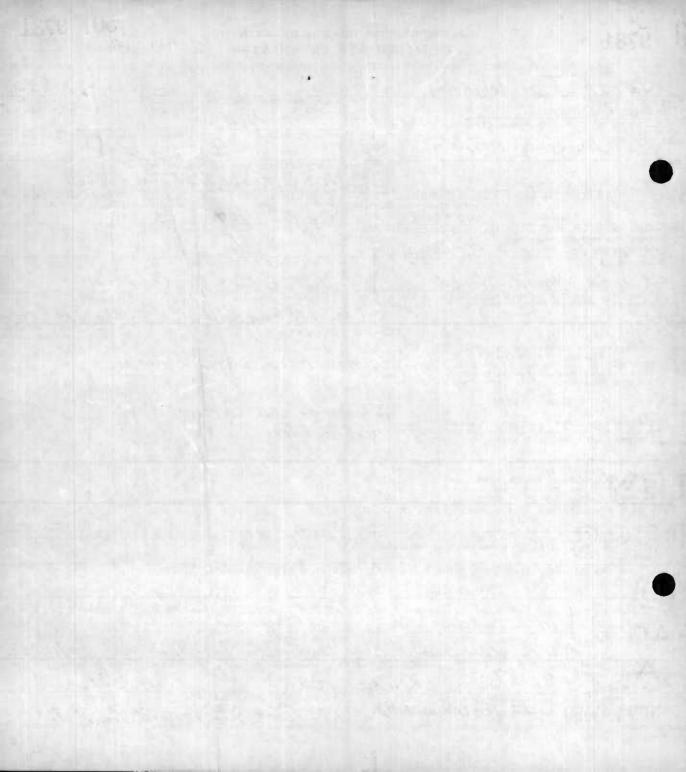
## BALTIMORE CITY HEALTH DEPARTMENT

9731

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE Twe Wilhelm DEATH NOV. 12, 1950 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR Incation) C. CITY OR TOWN (If outside corporate limits, write RURAL and give University Hospital INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. tranklin lown c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (in years) AGE (In years | ff Under I Year | If Under 24 Hours last birthday) | Months: Days | Hours | Min. If Under 24 Hours WIDOWED, DIVORCED (Specify) marrica 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTR Nouseurde 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., eneralized carcinomo heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES 5 guamous cell carcinoma of DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO CEYVIX uteri. RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE ATT NOT WHILE Nov. 12, 1950, to Some, 19, that I last saw the 22. I hereby certify that I attended the deceased from\_ deceased alive on 1/1/2, 1950, and that death occurred at 8:30cm., from the causes and on the date stated above 23A SIGNATURE

23B. ADDRESS . 23c. DATE SIGNED

24A. BURIAL, CREMA-24D. LOCATION (City, town, or county) 24B. DATE 24C. NAME OF CEMETERY OF GREMATORY TION\_REMOVAL (Specify) Coudous Turi DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) LONNIE DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION Yrs. D. STREET ADDRESS (If rural give location) Mos. ngth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) maured 10A. USUAL OCCUPATION (Give kind of ) 10B, KIND OF BUSINESS OR

INDUSTRY

CAUSE OF DEATH

16. SOCIAL

SECURITY NO.

(If outside corporate limits, writaRURAL and give township) 9. AGE (1 years | If Under 1 Year | If Under 24 Hours | Months Days | Hours | Min. 12. CITIZEN OF WHAT COUNTR ADDRESS mrs. Kellie R. Gaines. 427 W. Han ONSET AND DEATH

9732

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB-

UTING [] CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) INJURY

(If yes, give war or dates of service)

work dooe during most of work og life, even if retired)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

13. FATHER'S NAME

(Yes, no or unkoown)

RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

198 MAJOR FINDINGS OF OPERATION

21B, PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

WHILE AT

WORK

22. I certify that I took charge of the remains described above, held an Inspect

(B) ..

DUE TO

21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NOT WHILE!

21c. WHERE DID

INJURY OCCUR?

Januar

thereon and from

Autopsy, Inspection or Laquiry

(If in Baltimore City, give exact location)

and death in my opinion resulted from: natural eauses ₩, accident □, suicide □, homicide □, undetermined □. 23B. CHIEF MEDICAL EXAMINER..... □ 23c. DATE SIGNED 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER .... MEDICAL INVESTIGATOR ..... 24c, NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify)

the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,

20. AUTOPSY

NO

YES

DATE RECEIVED BY

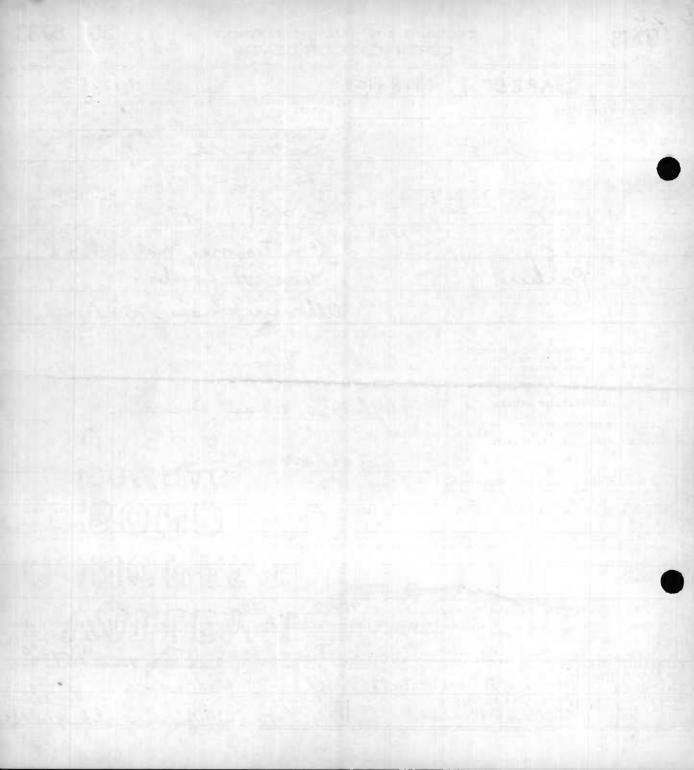
## BALTIMORE CITY HEALTH DEPARTMENT

50 9722

J	3/33	CERTIEI	CATE	OF DEATH	Registered	No	00
ВІ	RTH NO.	CERTIFI	CATE	OF DEATH	aregastereu		
1. (T	NAME OF DECEASED ARR	ETT, MINI	NIE		OF DEATH	2/50	
	PLACE OF DEATH: Baltimore City, Maryland			USUAL RESIDENCE (Whe		f institution : res before n	
B. H	FULL NAME OF (If not in hospital OR		1 42 >	CITY OR TOWN (If our	tside corporate limi	itarwrite RORAI	Lagd giv
3	Trovel	ent		Daltemore	_	1	township
C.	Length of stay in Baltimore		Yrs. D. Mos. Days	753 Dela	al, give location)		
5.	SEX 6. COLOR OR RACE	7. SINGLE MARRIED. WIDOWED DIVORCED	8.	DATE OF BIRTH	last birthday)	onths Days Hou	nder 24 Hou urs Mir
10 worl	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)		S OR 11.	BIRTHPLACE (State or forci	gn country)	12. CITIZEN WHAT CO	
13	. FATHER'S NAME		14	MOTHER'S MAIDEN NAM	· mai	OL.S.A	
	myle Parker			Tharriett Co	mbo.		
15 (Yes	. WAS BÉCEASED EVER IN U, S, ARMED b, no or unknown) (If yee, give war or dates	FORCES? 16. SOCIAL SECURIT	Y NO. 0	elonia Johns	tow. 753	Dolph	in to
	DISEASE OR CONDITION LEADING TO DEAT (This does not mean the mode of	DIRECTLY	nebra	l Thrombos	2CD	ONSET AN	
TION	heart failure, asthenia, etc. It mea injury or complication which c ANTECEDENT CAUS DISEASES OR CONDITIONS, II RISE TO THE ABOVE CAUSE (A)	ns the disease, caused death.) DUE TO	ylerta	and Heart D	eeasl	-	
CA	UNDERLYING CONDITION LA	AST.	to ter	0	•		
FIF	II	(C)	ren	concerno.			
CERTIFICA	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED					
,		98. MAJOR FINDINGS O	F OPERATI	ON		20. AUT	OPSY?
X	U					YES	NO L
EDICA	21A. ACCIDENT. SUICIDE. HOMICIDE (Specify)	218. PLACE OF INJURY about home, farm, factory, street, o	Y (e. g., in or office bldg., etc.)	21c. WHERE DID (If i	n Baltimore City,	give exact local	tion)
Σ	FINJURY (Month) (Day) (Year)			21F, HOW DID INJURY C	CCUR?		
			AT WORK		1		
	22. I hereby certify that I att			8 1950 to 11	/12 , 195	O, that I last	saw ti
		, 19.50, and that deat		at Am., from the	causes and on t		
	231. SIGNATURE N. Hola	rea III	м. D.	Provident 1	Hogb.	11/12/	50
24 TIO	N. REMOVAL (Specify)	24c. NAME OF		OR CREMATORY 24D. LOC	ATION (City, town	i, or eventy)	(State
13	unal por 16,1	950 men Cut		al Bal	timore	m	~
	ATE RECEIVED BY REGISTRAR	SSIGNATURE		FUNERAL DIRECTOR		ADDRESS 3	22/

41050 VS 150

tention ton Vollians, Mile



50 9731

5934 CERTIFICAT	E OF DEATH Registered No.
IRTH NO.	
NAME OF DECEASED  (Sype or Print)  GEORGE  LOUNGE (Lound)	25. DATE OF November 11, 1950
PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence  a. STATE  B. COUNTY  before admission
FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	C. CITY OR TOWN (If outside corp rate imits, write SURAL and give
University Hospital	Baltimore township
Yrs. Mos.	o. STREET ADDRESS (If rural, give location)
Days  SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	15 N. Amity Street
anale colored 7, SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (In years If Under I Year Months Days Hours Min 48)  10. AGE (In years If Under I Year Months Days Hours Min 48)
DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)  Construction	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY
William Lounder.	14. MOTHER'S MAIDEN NAME Lillie, Jally
5. WAS DECEASED EVER IN U. S. ARMED FORCES?  (If yes, give war or dates of service)  (If yes, give war or dates of service)  (If yes, give war or dates of service)	Ida Speight. 15 n. anty St
1 1 2 2 . /	OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEAT
LEADING TO DEATH	heart disease
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)	
11	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
	YES NO 2
21A. EXTERNAL CAUSE WAS UNDERLYING  OR CONTRIB. UTING  CAUSE OF DEATH.	
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR NOT WHILE AT WORK NOT WHILE AT WORK	
	above, held an Inquiry & Inspection thereon and from
the evidence obtained by said Autopsy, Inspection or	Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the day stated above S X, accident , suicide , homicide , undetermined .
23A. SIGNATURE	238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER

25. FUNERAL DIRECTOR

OCAL REGISTRAN V S 151

MEDICAL CERTIFICATION

ZAA.

## BALTIMORE CITY HEALTH DEPARTMENT

50 9735 Registered No.

CERTIFICATE OF DEATH

RTH NO.		
NAME OF DECEASED ype or Print)	2. DATE OF 2.0.20	
BESTELLA THOMPSON	DEATH November 10, 19	
PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residen A. STATE B. COUNTY before admis	
FULL NAME OF (If not in hospital or institution, give street address or	Maryland	
OSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and	d give
Provident Hospital	Baltimore	1311IV
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)	
Length of stay in Baltimore Days	1107 N. Stockton Street	
SEX 6. COLOR OR RACE 7. SINGLE. MARRIED, WIDOWED, DIVORCED (Specify)  Ale colored SING P	8. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Hours 35	
A. USUAL OCCUPATION (Givekind of   108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF	
done during most of working life, even if retired)  CONSTRUCTION WORLD	Baltimore, Ind. U.S. A.	TRY
FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
ohn W. Thompson.	Gertrude Porter.	
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL a, no or unbnown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS	
SECORITY NO.	Gertrude Champson. 1107 h. Stockto	mb
18. E 902.0 CAUSE O	OF DEATH	WEE
DISEASE OR CONDITION DIRECTLY	ONSET AND I	DEATI
LEADING TO DEATH	e of spinal column with transection	
heart failure, asthenia, etc. It means the disease,		•••••
injury or complication which caused death.) DUE TO	of spinal cord, old	
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING		••••••
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
(C)		
OTHER SIGNIFICANT CONDITIONS CON-		
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERA		Y?
	YES X NO	
21A. EXTERNAL CAUSE WAS UNDERLYING X OR CONTRIB- 21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, pffice bldg, et	nr 21C. WHERE DID (If in Baltimore City, give exact location)	1
UTING CAUSE OF DEATH. home	1107 N. Stockton Street /b//	
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRE		
May 21, 1950 1.30a WHILE AT NOT WHILE AT WORK	Fell from second floor rear porch	
22. I certify that I took charge of the remains described a		fron
the evidence obtained by said Autopsy, Inspection or I and death in my opinion resulted from: natural causes	nquiry, find that said deceased died on the day stated a $\Box$ , accident $\Box$ , suicide $\Box$ , homicide $\Box$ , undetermined $\Box$	bove
23A. SIGNATURE	238. CHIEF MEDICAL EXAMINER	
AA. BURIAL, CREMA-1 246, DATE 124C, NAME OF CEMETER	RY OR CREMATORY   24D. LOCATION (City, town, or county) (St	tate)

V S 151

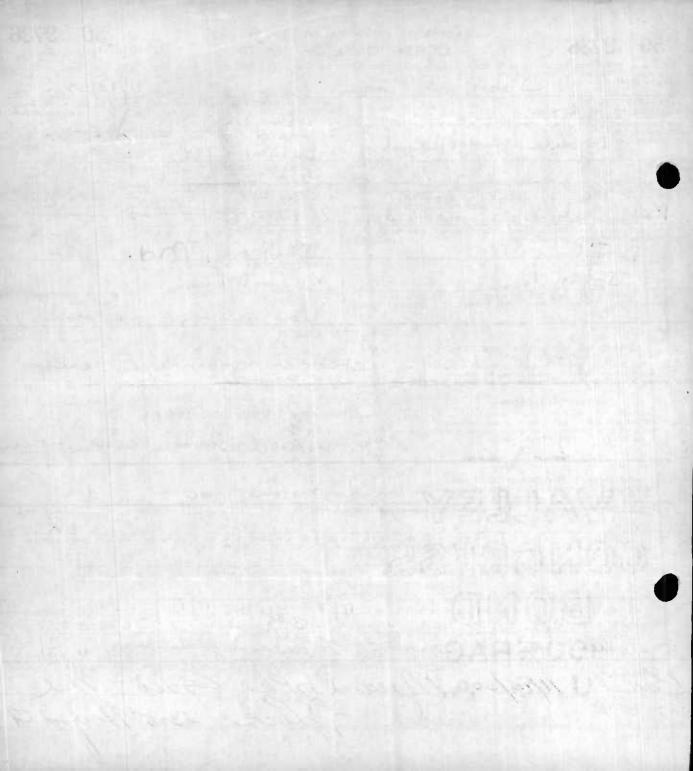
REGISTRAR'S SIGNATURE

BURIAL CREMA-REMOVAL (Specify)

DATE RECEIVED BY

Lutington Millians, H

BALTIMORE CITY HEALTH DEPARTMENT 9736 CERTIFICATE OF DEATH Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Jany and HOSPITAL OR logation) (If outside corporate Emils, write R Bla L and give C. CITY OR TOWN INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. ngth of stay in Baltimore Nartorn Days IX Oak 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (in years | f Under | Year | f Under 24 Hours | last birthday) | Months: Days | Hours | Min. If Under 24 Hours WIDOWED, DIVORCED (Specify) married 68 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTI 13. FATHER'S NAME DSA 14. MOTHER'S MAIDEN NAME John C 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. as abune 18. 443X CAUSE OF DEATH INTERVAL BETWEEN ONSET AND OEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ERTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY NO 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING ebout home, farm, factory, street, office hidg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE! WORK 22. I hereby certify that I attended the deceased from\_ , 1950 that I last saw the , 1900. and that death occurred at 3 deceased alive on 1113 Am., from the causes and on the date stated above 23A. SIGNATURE ADDRESS 23c. DATE SIGNED nareselle 24A. LURIAL. CREMA-TION, REMOVAL (Specify) 24B, DATE CREMATORY 24c. NAME OF CEMETERY O 240. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAN'S SIGNATURE ADDRESS VS 150



9737

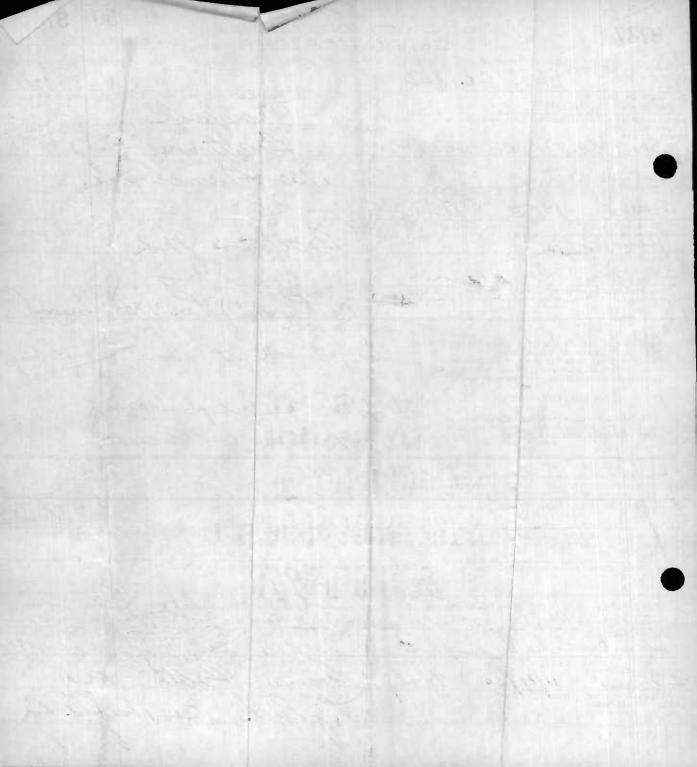
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE BESSIE O.PARR (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence B. QUNTY A. Baltimore City, Maryland A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR If outside corporate lights, write BURAL and give INSTITUTION township) a SOUTH BA (If rural, give location) Mos. c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (In years | ff Under | Year | If Under 24 Hours | last birthday) | Months; Days | Hours | Min. WIDOWED, DIVORCED (Specify) MARRIE 50 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR BLRTHPLACE (State or foreign country) 12. CITIZEN OF work doneduring most of working life, even if retired) INDUSTRY WHAT COUNTRY? tousewrock 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (IPyes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-ED LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21F, HOW DID INJURY OCCUR? FINJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED NOT WHILE WHILE AT 22. I hereby certify that I attended the deceased from Calacas, 1954 to New 13, 1956 that I last saw the deceased alive on Nov. 12, 1950, and that death occurred at 12:15 a.m., from the causes and on the date stated above. 23A. SIGNATURE 23C DATE SIGNED Martin C. Miscegampair NOV. 13, 1950 24D. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY

FUNERAL DIRECTOR

LOCAL REGISTRAR VS 150

DATE RECEIVED BY

RECISTRAR'S SIGNATURE

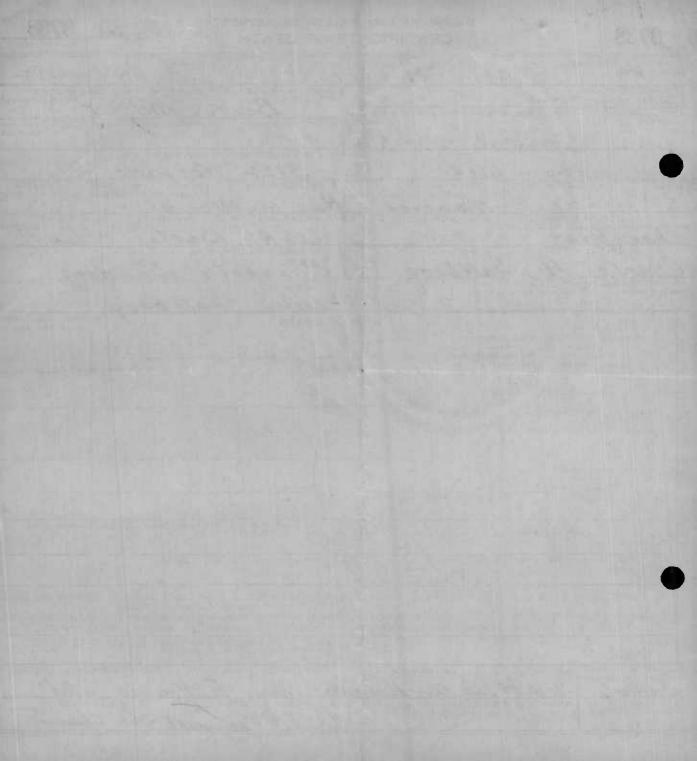


BALTIMORE CITY HEALTH DEPARTMENT Registered CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence 3. PLACE OF DEATH: before admission) A. Baltimore City, Maryland "f not in hospital or institution, give street address or FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION Mos. ngth of stay in Baltimore Days ESWICK 9. AGE (In years | fi Under | Year | fi Under 24 Hours | last birthday) | Months Days | Hours | Min-. SEX 6. COLOR OR RACE SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) ACE (State or foreign country) OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 12. CITIZEN OF ing life, even if retired) INDUSTRY WHAT COUNT 0 . 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES (If yes, give war or dates of service) 036 NTERVAL BETWEEN 42011 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (3) .... RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE PUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY? 21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED F INJURY WHILE AT NOT WHILE! AT WORK WORK 22. I certify that I took charge of the remains described above, held an \_ thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . 238. CHIEF MEDICAL EXAMINER... 23A. SIGNATURE

ASSISTANT MEDICAL EXAMINER.

M.D. MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION REMOVAL (Specify)

REGISTRAR'S SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR



9739 BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) EATH November 11 eceased lived. If institution : residence B. COUNTY before admission) e corporate limits, write RURAL and give

TIHEL	- /F//C	>	DEATH NOT
3. PLACE OF DEATH:  A. Baltimore City, Maryland Balto.	City	4. USUAL RESIDENCE	B. COUNTY
B. FULL NAME OF (If not in hospital or institut			10 7
HOSPITAL OR	// location)	C. CITY OR TOWN	(If outside corporateli
INSTITUTION UNIVERSI	TYHOSP	Baltimo	re
	/ Yrs.	D. STREET ADDRESS	(If rural, give location)
c. Ength of stay in Baltimore I5 Yrs.	Mos. Days	1126 Wa	tson Street
5. SEX 6. COLOR OR RACE 7. SINGLE WIDOW	MARRIED, (Specify)	8. DATE OF BIRTH	9. AGE (In years)

Married 108, KIND OF BUSINESS OR

INDUSTRY At Home

Amos Sheran 15. WAS DECEASED EVER IN U. S. ARMED FORCES?

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(If yes, give war

DUE TO

(B)

DUF TO

(C) ....

16. SOCIAL

SECURITY NO.

CAUSE OF DEATH

14. MOTHER'S MAIDEN NAME Jones Ella 17. INFORMANT

Halifax N.C.

Oct.3.1903

11. BIRTHPLACE (State or foreign country)

ADDRESS Susia Leak 7II Aisquith St

If Under 1 Year st birthday) Months: Days Hours Min.

12. CITIZEN OF

U.S.A.

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND OEATH

20. AUTOPSY

YES

thereon and from

ADDRESS

township)

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING

UNDERLYING CONDITION LAST.

10A. USUAL OCCUPATION (Givekind of

work done during most of working life, even if retired)

Housewife

13. FATHER'S NAME

(Yes, no or unknown)

MEDICAL

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH. BUT NOT RELATED

RISE TO THE ABOVE CAUSE (A) STATING THE

TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION

198. MAJOR FINDINGS OF OPERATION 21A. EXTERNAL CAUSE WAS UNDERLYING POR CONTRIBUTING CAUSE OF DEATH.

218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street

21D. TIME (Month) (Day) (Year) (Hour) WHILE AT

21E. INJURY OCCURRED NOT WHILE 5:20 Pm. WORK

21F. HOW DID INJURY OCCUR? Pedestrian struck by auto while crossing

25/FUNERAL DIRECTOR

21c. WHERE DID

INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Justpection Autopsy, Inspection or Inquiry

the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \( \), accident \( \), suicide \( \), homicide \( \), undetermined \( \). 238. CHIEF MEDICAL EXAMINER ..... | 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER...
MEDICAL INVESTIGATOR ...... 240. LOCATION (City, town, or county) 24C. NAME OF CEMETERY OR CREMATORY

Halifax N.C.

Liberty Road near Camp Field

Halifax Burial DATE RECEIVED BY REAL REGISTION

246. DATE

(If in Baltimore City, give exact location)

24A. BURIAL, CREMA-

vember 8, 1950

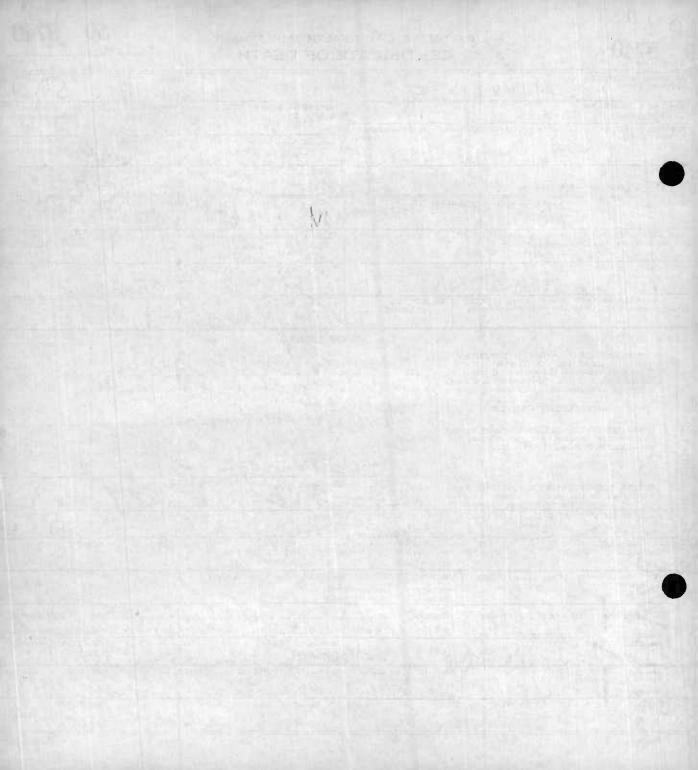
DU	9740

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH S. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write http://land.give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED 8. DATE OF 9. AGE (In years It Under 1 Year It Under 24 Hours last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY never worked 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. 18. 443X INTERVAL BETWEEN CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19 DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL 21A. ACCIDENT, SUICIDE, HOMIC DE (Specify) 21B. PLACE OF MURY (e.g., in or about home, farm, factory, at eet, office bldg., etc.) (If in Baltimore City, give exact location) 21c. WHERE DID INJURY OCCUR? CID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK . 1930 that I last saw the 22. I hereby certify that I attended the deceased from

19 , and that death occurred at 45 m., from the causes and on the date stated above. deceased alive on// 23% SIGNATURE 23B. ADDRESS 23c/ DATE/SIGNED

24A. BURIAL, CREMA-24B, DATE 24c. NAME OF CEMETERY OR CREMATOR TION, REMOVAL (Specify) suria DATE RECEIVED BY 25 FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS

VS 150



alayed & mallill The section of the se and the state of the state of the The state of the s Luncia Berl . St. con ellers . . . . no. and emails . DEVIT 16 ...

50 9742 Registered No.

BALTIMORE	CITY	HEALTH	DEPARTMENT
CERTI	FICA	TE OF	DEATH

BI	RTH NO.						
	NAME OF D		77			2. DATE	
3.	PLACE OF D			SMIT	4. USUAL RESIDE	NCE (Where deceased lived.	
	FULL NAME	City, Maryland OF (If not in hospit	Balto.	tion, give street address or	A. STATE Mary	land B. COUNTY	before admission)
H	OSPITAL OR			location)		(If outside eorporate lin	mit write BURAL and give
2		Johns Hopki	ns Hos	pital	Balt	imore 🕒	township)
1			7 2 0 -	Yrs.	D. STREET ADDRE	SS (If rural, give location)	
c.		stay in Baltimore	Life	Mos. Days	437 N	. Caroline St.	
	SEX	6. COLOR OR RACE	7. SINGLI	E. MARRIED. VED DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months: Days Hours: Min.
_	Female	Colored			5/24/1880	70	
		CUPATION (Give kind of of working life, even if retired)	10B. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY
	Housewi	ife	At Hon		Baltimor	е	U.S.A.
13	. FATHER'S	NAME			14. MOTHER'S MAI	IDEN NAME	
	Johr				Lizzer	?	
15 (Yes	. WAS DECEASI	ED EVER IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No			020011111101	Dorothy Sn	nith 437 N. Caro	Line St
CERTIFICATION	(This does heart failt injury or DISEASE RISE TO TUNDERL'  OTHER STRIBUTION TO THE D	SE OR CONDITION LEADING TO DEA' s not mean the mode of ure, asthenia, etc. It mean complication which of ANTECEDENT CAUS S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA  II SIGNIFICANT CONDITION TO THE DEATH, BUT USEASE OR CONDITION	TH of dying, e., ons the disease aused death SES FANY, GIVII STATING TI ST.  TIONS COI NOT RELATI CAUSING I	g., (A) Art. Se, (B)		c Cardiovascular	INTERVAL BETWEEN ONSET AND DEATH
_			55. m/\001				YES NO X
MEDICAL	UNDERLYIN	NAL CAUSE WAS G OR CONTRIB- CAUSE OF DEATH.		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e			, give exact location)
Σ	21D. TIME INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID	INJURY OCCUR?	
Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated and death in my opinion resulted from: natural causes T, accident \( \preceq\), suicide \( \preceq\), homicide \( \preceq\), undetermined							the day stated above,
	11/11	lian VOOTE		24c, NAME OF CEMETE	.D. MEDICAL INVE	STIGATOR	Nov. 13, 1950 vn. or county) (State)
TIC	on REMOVAL (S Burial	CREMA- 24B. DATE II/I5/I		Att: Arburn Cem		Babbimore Md	
	TE RECEIVE	D BY   REGISTRAR			25. FUNERAL DIRE	ECTOR	ADDRESS OF THE TA

V S 151

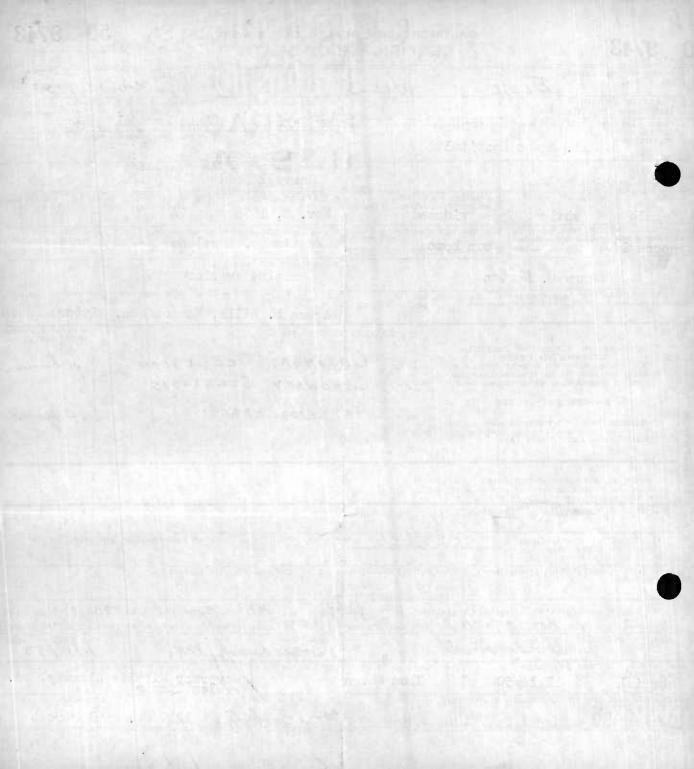
093d

VS 150

#### BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH Registered No NAME OF DECEASED 2. DATE (Type or Print) ELSIE 4/1445 OF Nov. 10 1950 3. PLACE OF DEATH: (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE Anne Arundel before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION St. Agnes Hospital Riviera Beach D. STREET ADDRESS (If rural, give location) Mos. Carvell Road higth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under I Year 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. Nov. 8. 1876 female widowed 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) Baltimore, Maryland WHAT COUNTRY? own home housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Martina Frazier Henry C. Newton 15. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) Warren N. Wills, Kenwood Rd. Riviera Beach CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CORONARY OCCLUSION (This does not mean the mode of dying, e.g., (A) .... heart failure, asthenia, etc. It means the disease, CORONARY SCLEROSIS injury or complication which caused death.) DUE TO ANTECEDENT CAUSES HATERIOSCLEROS 15 ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WHILE AT . 1947, to Nov. 10 , 1950 that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on Mro. 10, 19 50, and that death occurred at 9:30 Pm., from the causes and on the date stated above. 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL. CRÉMA-TION REMOVAL (Specify) DULLAL 24D. LOCATION (City, town, or county) Governor Ritchie Highway, Md. Glen Haven DATE RECEIVED BY REGISTRAR'S SIGNATURE 25, FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR 1217 St. Paul Street

0940



# BALTIMORE CITY HEALTH DEPARTMENT

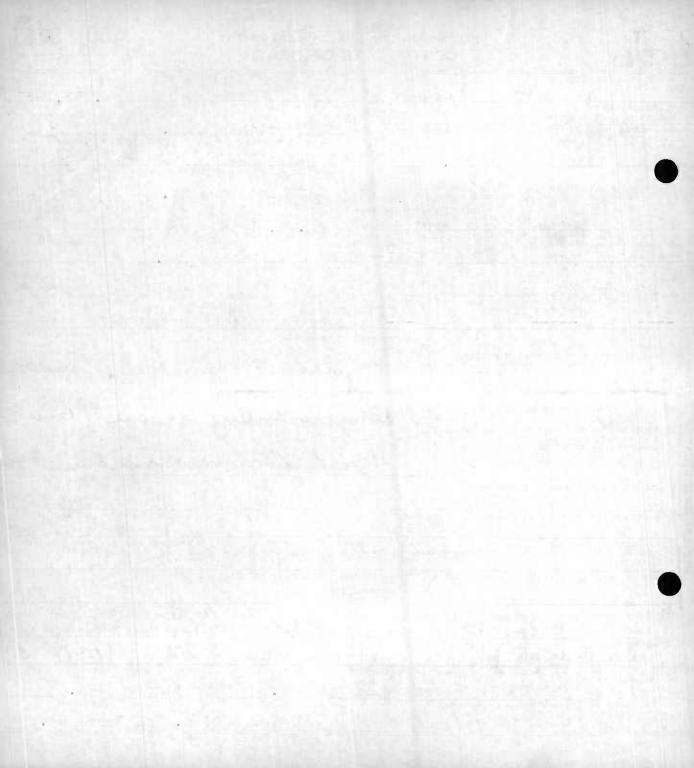
50 9744

0	IDTU NO			CERTIFICAT	E OF DEAT	Н	Registere	d No	
	NAME OF D	ECEASED				12	DATE		
	Type or Print)	Watkins	Antho	าทระ			OF DEATH NOV	rombon 1	2 7050
3.	PLACE OF D	FATH.			4. USUAL RESIDI		deceased lived.	If institution	: residence
	Baltimore (	City, Maryland		MOFE ion, give street address or	A. STATE	7 3	B. COUNTY	pef	fore admission)
H	OSPITAL OR	OF (II not in nospic	ar or mistreut	location)	c. CITY OR TOWN	yland (If outsi	de corpor te	mits (write R	ORAL and give township)
4		St. Jos	eph's H	Hospital		timore			
c.	Length of s	tay in Baltimore		Life Yrs. Mos. Days	D. STREET ADDRI	Ess (If rural			
5.	SEX	6. COLOR OR RACE	7. SINGLE	E. MARRIED.	8. DATE OF BIRTH	H 9.,	AGE (In years)		If Under 24 Hours
	W.	W.		/ED, DIVORCED (Specify)	11-27-18	80	last birthday)	Months Days	Hours Min.
10	A. USUAL OC	CUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE	State or foreign		12. CITIZ	
orı	Prini	of working life, even if retired)	Wathin!	INDUSTRY S Printing Co	Marylan	.1		WHA	T COUNTRY?
13	FATHER'S	NAME	MICH PUTTIL	S FITHLIE CO	14. MOTHER'S MA				
		7				?			
15 Ye	. WAS DECEASE	D EVER IN U.S. ARMEI (If yee, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
				occommination.	margaret	Wackins	। 1914 ह	E. 01	Bt. St.
HFICATION	injury or  DISEASE: RISE TO T	ire, asthenia, etc. It mes complication which of ANTECEDENT CAUSES OR CONDITIONS, IT HE ABOVE CAUSE (A) YING CONDITION LA	caused death SES FANY, GIVII STATING TI	(B)	rary ti	(2 A20	nr wa		
K K	TRIBUTING	SIGNIFICANT COND 3 TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELAT	ED Illave	to m	ellit	us		
1				FINDINGS OF OPER	RATION			20.	AUTOPSY?
V	Environment of the second							YES	No X
FUC	21A. ACCIDE HOMICIDE	ENT, SUICIDE. (Specify)		ACE OF INJURY (e. g., if farm, factory, street, office bldg.,			Baltimore City	y, give exact	location)
Σ		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OC	CUR?		
	INJURY		m.	WHILE AT NOT WHILE					
	22. I hereh	u certifu that Latt		deceased fromNove	mber 11. 195	0.1Novemb	er 12.19	50 that I	last saw the
	deceased ai	live on Nov. 12	1950	and that death occur	rred at 1:000 m.	from the co	auses and on	the date s	tated above.
	23A. SIGN	TURE	Cin	insk'	38. ADDRESS			23c. D.	ATE SIGNED
			Jan	M. D.	Thuo M. Caro	1110 51.		Nov.	
2. TI	ON REMOVAL (S	248. DATE 11-16-		24c. NAME OF CEMETE		balua	TION (City, to		(State)
	ATE RECEIVE		S SIGNATU	JRE	25. FUNERAL DIR	RECTOR		ADDRES	SS
L	NOV 1 4	950 militiajos	Millia	ws, M. a.	ahn AM	stan 30	)UU E.	baltım	ore st.
	VS 150	40	5-4-59	6.1		164.		610	

061.0

Name of the second 

	DALTIMODE OUT	50 0015
ВІКТН 97.45	CERTIFICATE	3.10
1. NAME OF DECEASED (Type or Print)	am Hughes	2. DATE OF DEATH NOV. 13 1950
3. PLACE OF DEATH:  A. Baltimore City, Maryland	em nugnes	4. USUAL RESIDENCE (Where deceased lived. If institution: fesidence A. STATE E. COUNTY before admission)
B. FULL NAME OF (If not in hospita HOSPITAL OR INSTITUTION	l or institution, give street address or location)	c. CITY OR TOWN (If outside corporate limits, write Rule and give
	64	7-5-6 township)
1436 Patap	Yrs.	Paltimore  D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore	Mos.	
	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years It Under I Year It Under 24 Hours
Nale White		last birthday) Months Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of foreign country)  12. CITIZEN OF WHAT COUNTRY?
ubstation Operator	B & O Railread	Baltimore Md.
Michael Hughes		Bridget Barrett
15. WAS DECEASED EVER IN U. S. ARMED Yes, oo or unknowo) (If yes, give war or dates	FORCES?   16. SOCIAL	17. INFORMANT ADDRESS
	of service) SECURITY NO.	Mrs Bernadette Hughes 1436 Patapsoc
LEADING TO DEAT  (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which can also an arrangement of the second se	ANY, GIVING	vary artery Dinare ! week
OTHER SIGNIFICANT CONDIT	TIONS CON-	
19A. DATE OF OPERATION 19	B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
- 0		YES NO
21A. ACCIDENT. SUICIDE. HOMICIDE (Specify)  TIME (Month) (Day) (Year) (	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office hidg., et  Hour) 21E, INJURY OCCURRE  WHILE AT NOT WHILE  M. WORK AT WORK	tc.) INJURY OCCUR?
22. I hereby certify that I atte	nded the deceased from	red at 1:36 m., from the causes and on the date stated above.
234 SIGNATURE	, 19 <u>00</u> , and that death occur	3B. ADDRESS 23c. DATE SIGNED
John V. Wilky	м. р.	1227 Wash Uslid 11-14 50
24A. EURIAL, CREMA- TION, REMOVAL (Specify)	24C. NAME OF CEMETER	
Burial   11/16,	/50   New Cathed	ral Cem.   Baltimore Md.
LOCAL REGISTRAR	or Williams Man	Jan A. Moren 3000 E. Baltimore St.
VS 150	130 6	1924
	6/204	0/30



### BALTIMORE CITY HEALTH DEPARTMENT

50 9746 Registered No.

BIRTH NO.			CERTIFICA	TE OF DEA	NIII .		
1. NAME OF DECEAS	SED DU I				2. DATE		20 2000
		CEHAN			DEAT		r 13, 1950
A. Baltimore City, I		Baltin	nore	A. STATE	SIDENCE (Where deceases. C.	sed lived. If insti OUNTY	before admission)
B. FULL NAME OF			ion, give street addres		ıd		
HOSPITAL OR INSTITUTION			locat	c, CITY OR TO	WN (If outside cor	porate innits, w	rit RERAL and give
	th Baltin	nore Ger	neral Hospit	al Baltimo	re	11	1 7 township)
			T 2 C	14	DRESS (If rural, give	location)	
c ngth of stay in	Baltimore			os. 6 Elmhu	rst Road		(mp)
5. SEX 6.CO	LOR OR RACE		E. MARRIED, /ED, DIVORCED (Spe	8. DATE OF BII	RTH 9. AGE (		er l Year   If Under 24 Hours 8: Days   Hours   Min.
male w	hite	Sins			896 54		Days Hours Min.
10A. USUAL OCCUPAT	FION (Glyekindof	10B. KINE	OF BUSINESS OF	11. BIRTHPLAC	E (State or foreign coun		CITIZEN OF
ork done during most of workin	g life, even if retired)	OFFE	TEEL (Mpys	Mary:	land		WHAT COUNTRY
13. FATHER'S NAME		GTITC	e WOFR		MAIDEN NAME		
	Chach	en hen		Manage	A Drawn		
Dennis 3			16. SOCIAL		A. Brown		
15. WAS DECEASED EVE Yes, no or unknowe) (1f)	es, give war or date	s of service)	SECURITY N			ADDF	
				MEB. Emma	a R. Gerber	6 Elmh	
18. 322,0			CAUS	E OF DEATH			INTERVAL BETWEEN
DISEASE OR	CONDITION	DIRECTLY					
(This does not n	oing to DEA	TH of dving, e. :	Acut	e alcoholism			
heart failure, astl	nenia, etc. It mea	ns the diseas	se,	M	***************************************		***************************************
injury or compl	ication which c	auseu deau	h.) DUE TO				
ANTE	CEDENT CAUS	SES					1 2 1 1 1 1 1 1 1
DISEASES OR	CONDITIONS, 1	F ANY. GIVI	(B)	***************************************	***************************************		
RISE TO THE AB	OVE CAUSE (A)	STATING TI					The state of the s
<	CONDITION		(C)		***************************************	***************************************	
	11		EW PARK	P. Derrie			
OTHER SIGNIF	ICANT COND						
TRIBUTING TO T							
19A. DATE OF OPE	RATION 1	9B. MAJOR	FINDINGS OF O	PERATION		N.S.	20. AUTOPSY?
آ							YES NO X
21A. EXTERNAL C	AUSE WAS		ACE OF INJURY (e. farm, factory, street, office b	g., in or 21c. WHER		nore City, give	exact location)
UNDERLYING UTING CAUSE							
21D. TIME (Month	) (Day) (Year)	(Hour)	21E. INJURY OCCL	JRRED 21F. HOW I	DID INJURY OCCUR?		
FINJURY		1000	WHILE AT NOT WE				
		m.			Inquiny & In	enaction	houses and from
					Inquiry & In; Autopsy, Inspection	or inquiry	
the evidence	obtained by	said Auto	opsy, Inspection	or Inquiry, find th	hat said deceased d	lied on the d	lay stated above
and death in	my opinion	resulted	from: natural ca	uses 💢, aecident	∐, suieide ∐, homi	crde 📋, unde	eterminea .
23A. SIGNATURE	Nd	5/	1601	23B, CHIEF ASSISTANT	MEDICAL EXAMINER	R 23C. L	
		011	May	M.D. MEDICAL I	MEDICAL EXAMINER	City to	. 13, 1950 (State)
24A. BURIAL, CREMA TION, REMOVAL (Specify	24B. DATE				RY 24D. LOCATION	(Oity, town, or e	tourity) (State)
Purial	11-16-	50	New Cathe	dral	Baltimor		d.
DATE RECEIVED BY	REGISTRAR	SSIGNATI	JRE .	25 FUNERAL I	DIRECTOR	AL	DDRESS
NIOV 1 11050	Louthea	ion Mil	lique, M.M.	John Am	man 3000	E. Balt	imore St/

3903A

077c V

18%

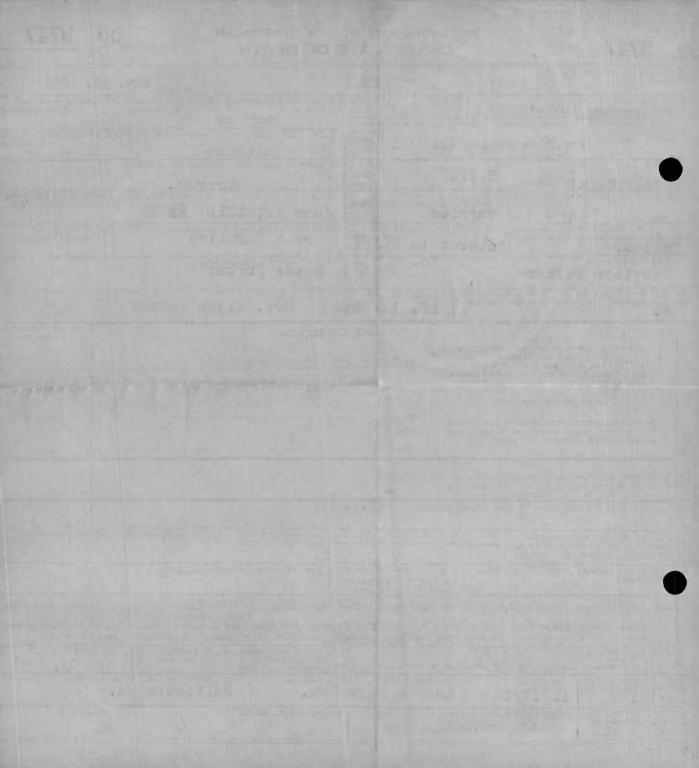
#### BALTIMORE CITY HEALTH DEPARTMENT

50 9747

B	IRTH NO.			CERTIFICATI	E OF DEAT	П			
1.	NAME OF Carry or Print)		LIE	PARKER			2. DATE OF NOV DEATH	. 13, 19	50
	PLACE OF E	City, Maryland			4. USUAL RESID	ENCE (WI	nere deceased lived	I. If institution	: residence ore admission
B. H	FULL NAME OSPITAL OR ISTITUTION			on, give street address or location) Hospital	C. CITY OR TOWN	yland (If o timore	utside corporate l	mits, write RU	JRAL and giv township
		tay in Baltimore	8 yrs	Yrs. Mos. Days	D. STREET ADDR	ESS (lf m		)	
5.	sex Male	6.COLOR OR RACE		MARRIED. ED.DIVORCED (Specify)	June 12,		9. AGE (In years last birthday)	if Under 1 Year Months: Days	it Under 24 Hours Hours Min.
WOL	A. USUAL OC done during most	CUPATION (Give kind of of working life, even if retired)		of Business or thoustry	Noth C	State or for arolir	eign country)	12. CITIZ WHA	ZEN OF T COUNTRY
13	Harris Marris	on Parker	PA	NATING CO PATRACTO.	Maude P	arker	ME		
15 (Ye	, was deceasi , no or nnknown) No	ED EVER IN U, S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL 224-14-39	17. INFORMANT 4 Mrs.	Clyde	e Parker	ADDRESS	
CERTIFICATION	(This does heart failt injury or DISEASE RISE TO TUNDERLY	SE OR CONDITION LEADING TO DEA a not mean the mode of arc, asthenia, etc. It mes complication which ANTECEDENT CAUS SOR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION L  SIGNIFICANT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION	TH of dying, e. g. ns the disease caused death SES  F ANY, GIVIN STATING THAST.  ITIONS CON NOT RELATE	(B)(C) (C)	of death	lerosis	5		T AND DEATH
ΙΙ.				FINDINGS OF OPER	ATION			20. YE <b>S</b>	AUTOPSY?
EDICAL	21A. EXTERI UNDERLYIN UTING []	NAL CAUSE WAS G  OR CONTRIB- CAUSE OF DEATH.		CE OF INJURY (c. g., is arm, factory, street, office bldg., 4			in Baltimore Cit		
Σ	F INJURY	(Month) (Day) (Year)		HILE AT NOT WHILE AT WORK	ED 21F. HOW DIE	YAULNI	OCCUR?		
24	22. I certify that I took charge of the remains described above, held an Autopsy Inspection or Inquiry  the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes I, accident   suicide   homicide   undetermined    23a. SIGNATURE  23b. CHIEF MEDICAL EXAMINER						tated above ined signed 4, 1950		
	ATE RECEIVE	D BY REGISTRAR	SSIGNATU	Loudin Park	25. FUNERAL DIE		timore M	ADDRES Home	Shul

56424 118 W. Met RoyAl are.

V S 151



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Erdossy 11/13/50 Kuth DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Hospital of Balto, lac. c. CITY OR TOWN (If outside corporate mits, write RURAL and give INSTITUTION D. STREET ADDRESS (HT Turn) give location) c. Length of stay in Baltimore Davs 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED. 9. AGE (In years) Vf Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. 28 4/20 Married 108. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. RATHER'S NAME 15. WAS DECKASED EVER IN U.S. ARMED FORCES? Yes, no or nuknawa) (If yes, give war or detes of service) 16. SOCIAL SECURITY NO (Yes, no or noknown) INTERVAL BETWE ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Ulremea LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUF TO ANTECEDENT CAUSES (B) Aude rend unifficiency DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Bilettial Confied read necrosis OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION Section Caesarian 21A. ACCIDENT. SUICIDE. 21c. WHERE DID 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? INJURY NOT WHILE! WHILE AT 13, 195 that I last saw the 1950 to 22. I hereby certify that I attended the deceased from. deceased alive on 11/13, 1950, and that death occurred at 525 Am., from the causes and on the date stated above. 23C, DATE SIGNED

M. D.

25. FUNERAL DIRECTOR

13/50

23A. SIGNATURE

DATE RECEIVED BY

LOCAL REGISTRAR

NOV 1.41950

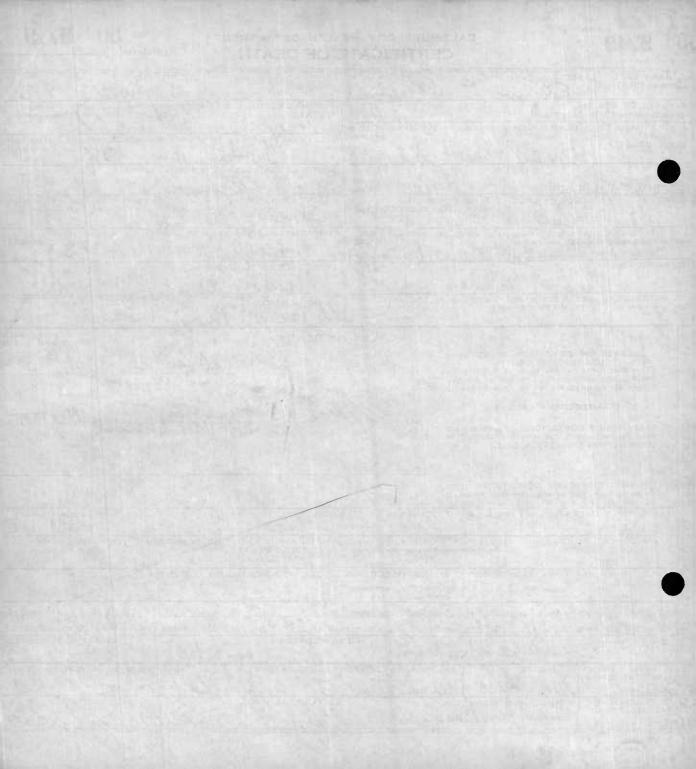
0291-019-11

REGISTRAR'S SIGNATURE

besitivator / mians, his

The the same will The stage in open selection that the selection is restar (2 stull sit of 16 English of the state of the state of the state of additional information obtained from the Division of materially Hygi Birth - 50-23604 - 11/1/50 al still with all purious as a still property of 4,4451.23.42-45, 111.44

0)	20				
C	O O O	BALTIMORE CITY HE	FALTU DEDARTMENT	50	9749
U	9749	CERTIFICATI		Registered No.	0740
	IRTH NO.	CERTIFICATI	L OI DLAIN		
	NAME OF DECEASED EDG	ANE. COLLEY		2. DATE V	10-
3	PLACE OF DEATH:	- 1. couly	4. USUAL RESIDENCE (W)	DEATH /COV.	3 /73 8
Α.	. Baltimore City, Maryland	0	A. STATE	B. COUNTY	before admission)
	FULL NAME OF (If not in hospital OSPITAL OR	or institution, give street address or location	2200 - 120	outside corporate limits, wri	DIIDAY and aim
11	NSTITUTION Mesons	Alm Sigh O	Bandala	- 3G	township)
-	- coo cy	10 Yrs.	D. STREET ADDRESS (If r	ural, give location)	1-08
C.	Length of stay in Baltimore	A Go Mos. Days	618 EDge	wood St	6
5	SEX 6. COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (In years It Under	
	Male While	WIDOWED, DIVORCED (Specify)	Cepvil 13 1885	last birthday) Months	Days Hours Min.
	DA. USUAL OCCUPATION (Give kind of k dqnqdpring most of working life, even if yetired)	OB. KIND OF BUSINESS OR	11. BATHPLACE (State or for		CITIZEN OF
	Work - Houseman (Cost	Lange Coldstorage	Moryland		NHAT COUNTRY?
13	3. FATHER'S NAME	7)	14. MOTHER'S MAIDEN NA	ME	
	Villeam Ce	nels	Mary L	) cets	
15 (Ye	5. WAS DECEASED EVER IN U.S. ARMED (If yes, give war or dates	FORCES? 16. SOCIAL of service) SECURITY NO.	17. INFORMANT	O ADDRE	sş
		(/	Mye Mortha On	vey ( Same	
	18. 443X	CAUSE	OF DEATH		NTERVAL BETWEEN
	DISEASE OR CONDITION DEATH		1 1 11 11 11	1 16-4:	1 Kr 202
	(This does not mean the mode of heart failure, asthenia, etc. It mean	f dying, e.g., (A)	uvel vouorum	Corne	1 30 4
	injury or complication which ca			Chellyson	
	ANTECEDENT CAUSE	ES 61. ha	No. 1 . 1 Barbourge	1 1	100-
ON	DISEASES OR CONDITIONS, IF	ANY, GIVING	P. W. a.	Della Desero	109137
F	RISE TO THE ABOVE CAUSE (A)	STATING THE DUE TO	xovare v	occo-or grand	0
ICA					
TIF	11	_(C)			
ER	OTHER SIGNIFICANT CONDIT				
U	19A. DATE OF OPERATION 19	B. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
AL	Wono 2				YES NO
EDICA	21A. ACCIDENT. SUICIDE. HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in about bome, farm, factory, street, office bldg., e		in Baltimore City, give e	xact location)
ME	HOMICIDE (Specify)	about bome, far m. factor y, street, omce bidg.,	INSORT OCCURT		
2	ID. TIME (Month) (Day) (Year) (	(Hour)   21E. INJURY OCCURRI	ED 21F, HOW DID INJURY	OCCUR?	DETERMINED AND
		m. WHILE AT NOT WHILE	] I PM	(5:45 P %.	in the second
	22. I hereby certify that I atte	ended the deceased from	13 , 195 9 to Me	W/3 , 19-59 the	at I last saw the
	deceased alive on how 13	, 1950, and that death occur	red at \$45 pm., from th	e causes and on the do	te stated above.
	23A. SIGNATURE	2	3B. ADDRESS		C. DATE SIGNED
2	4A. BURIAL, CREMA- 24B. DATE	24¢. NAME/OF CEMETE	BY OR CREMATORY 1 240 10	CATION (City, town, or co	160-/3 /958 unty) (State)
TY	AA. BURIAL, CREMA- ON, REMOVAL (Specify)	100 1 - 1	S. Land	7. 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	1 Cf R. 01.
P	ATE RECEIVED BY   REGISTRAR'S	SIGNATURE	25. FUNERAL DIRECTOR	AN INGUITO	DRESS MA
		For Milliania, AL.	11-12/1/2	the way	mark of a.
N	UV 1 41950 ' **	111200 . 4	Harry IV Well	2/2,4/0/00	Menuson
	V\$ 150	G71	53/	570	A Mu
		7/0	3 3 /	050	1



#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No 1. NAME OF DECEASED Edward L. Hachtel OF NOV.12/50 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corpora e louis, write RenAl, and give C. CITY OR TOWN INSTITUTION 2220 W. North Ave. Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 2220 W. North Ave. c. Length of stay in Baltimore Days 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (in years) Months Days Hours Min. WIDOWED DIVORCED (Specify Male Aug. 29, 1869 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dene during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Bal to .Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME George Hachtel Elizabeth Mansdorfer 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. Mrs.Elizabeth Hachtel. 2220 W. Nor CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUF TO Interstitud nextrates CERTIFICA 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION MEDICAL 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21c. WHERE DID about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT WORK 1950 to Mry 12, 1950 that I last saw the 22. I hereby eertify that I attended the deceased from deceased alive on Not 12 1953. and that death occurred at 4/0,2m., from the causes and on the date stated above.

23A. SINDURE

23B. ADDRESS

| 23C. DATE SIGNED 24p. LOCATION (City, town, or county) 24A. BURIAL. CREMA-Burial (Specify) Woodlawn, Md. Woodlawn DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS

VS 150

LOCAL REGISTRAR

Thurtington Milliants, M.J.

h 64101 Edmondson Ave.

13/a

w water dame . . . Clar . TryA stazon . Town Woodlast, Isl. THE BOOK OF THE PARTY OF THE TOTAL CO. L. CONTON TO ESTABLISHED TO SERVICE AND ADDRESS OF THE PARTY OF THE PARTY

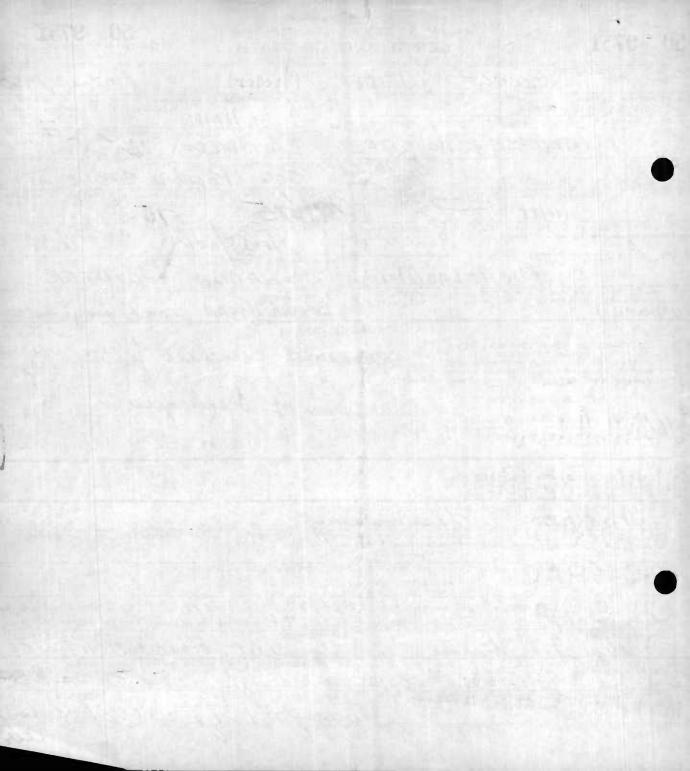
3 6 Q 50 9751 BIRTH NO.

VS 150

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 9751

BIRTH NO.						
1. NAME OF DECEAS (Type or Print)	GEO.	RGE	WEIDE	(Wieder)	2. DATE OF DEATH	00-12,1950
a. Baltimore City, N	aryland			4. USUAL RESIDENCE (		
HOSPITAL OR		•	tion, give street address of location		-UD If outside corporate limi	ts aurito PHPAL and Aug
INSTITUTION UX	DIVERS	ITY	HOSPITAL	BALTIMO	RF- 23	township)
c. Length of stay in	Baltimore		76 Yrs.	506 P	rural, give location)  PLAR G	ROUE ST.
M	OR OR RACE	WIDOV	E. MARRIED. VED DIVORCED (Specify	8/DATE OF BIRTH	9. AGE (in years last birthday) M	onths Days Hours Min.
10A. USUAL OCCUPAT ork done during most of working	ON (Give kind of life, even if retired)	10B. KINE	O OF BUSINESS OR /	11/BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY!
13. FATHER'S NAME	Nu	HOL	ASWEIDER	14. MOTHER'S MAIDEN N	<	NTER
15. WAS DECEASED EVER Yes, no or unknown) (If ye	IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT BERTHA HOGAL	1	Jongwood ST
18. /50 X	1		CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR LEAD! (This does not me heart failure, asthe injury or complice	NG TO DEA' an the mode onia, etc. It mea	TH of dying, e.g ns the diseas	se,	hageal - Brond	heal fes	tula?
	EDENT CAUS ONDITIONS, II	ES F ANY, GIVIN	(B) Carcin	one of desp	shagus	ŗ
OTHER SIGNIFIT TRIBUTING TO THE OISEASE	OEATH, BUT	NOT RELATE	EO			
19A. DATE OF OPER	SO 1	9в. MAJOR	astrosto			YES NO
21A. ACCIDENT W LYING OR CONT CAUSE OF DEATH		21B. P.	ACE OF INJURY (e. g., farm, factory, street, office bldg.,	etc.) INJURY OCCUR?	(If in Baltimore City,	give exact location)
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT WORK AT WORK						
22. I hereby certi	/ 1			1/2/50,19_,to_1	/	Sohat I last saw the
23A. STONATURE	7.	Strake		23B. ADDRESS	Hospital	the date stated above 23c. DATE SIGNED
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	24B. DATE		Haly Red	000 - 0 121	OCATION (City, town	or county) (State)
DATE RECEIVED BY	REGISTRAR	न इंग्रिप्ने में	Result, OL	27. FUNERAL DIBECTOR	ff	ADDRESS Imon des



### BALTIMORE CITY HEALTH DEPARTMENT

50 9752 Registered No.

CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Nov. 11/50 William D. Wallace DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. Baltimore City, Maryland A. STATE B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate imix write RURAL and give INSTITUTION University Hespital township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 831 N. Chapelgate Lane c. Length of stay in Baltimor Life Days 6 COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED. 9. AGE (in years) it Under 1 Year Blast birthday) Months Days Hours: Min. WIDOWED DIVORCED (Specify) Male Feb. 12.1898 IOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired WHAT COUNTRY? S. Govit Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Wallace Regina Ann ----15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes. no or unknown) SECURITY NO. Mrs. Kathryn M. Wallace. 831 N. Chapel 420.1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) .... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218. PLACE OF INJURY (e.g., in or INJURY OCCUR? ebout home, farm, factory, street, office bldg., etc.) 2 IF. HOW DID INJURY OCCUR? . TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT WORK 22. I hereby eertify that I attended the deceased from that I last saw the 12 Uand that death occurred at 32 deceased alive on !! from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 23B. ADDRES 248 DATE TION, REMOVAL (Specify Memorial Perk. Meadowrida Dorsey. Md. 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR There was to (4101 Edmondson Ave.

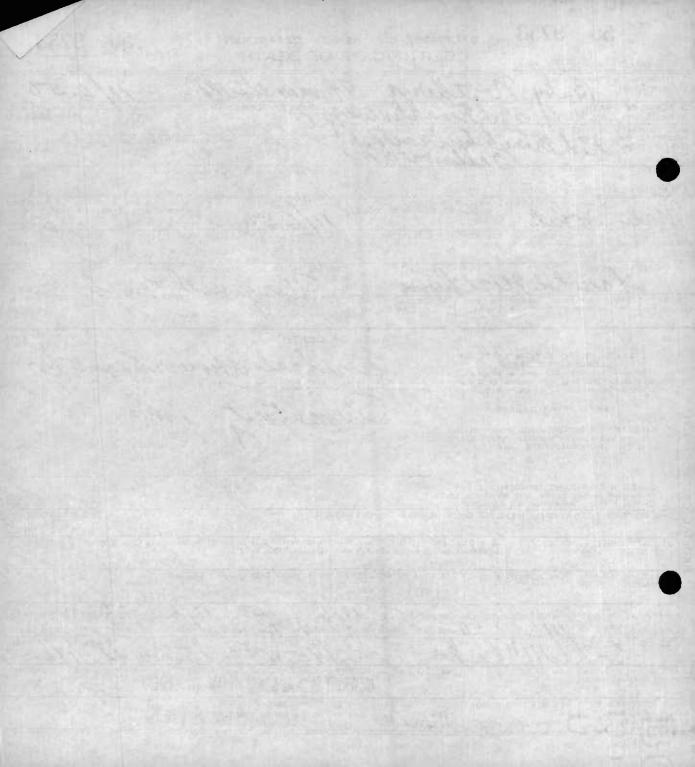
VS 150

MEDICAL

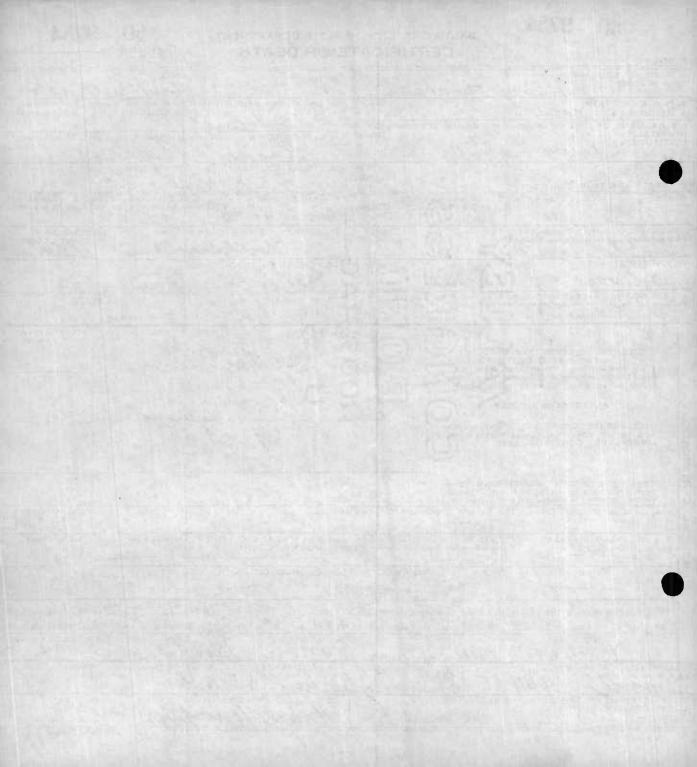
00091

THE THE 4 4 TO SECTION OF THE PROPERTY OF A STATE OF THE SHAPE OF THE STATE OF THE STA 11 1 3 Sec. 2013 以20mm 12 10 mm 12 · MY - DO MARK TOP

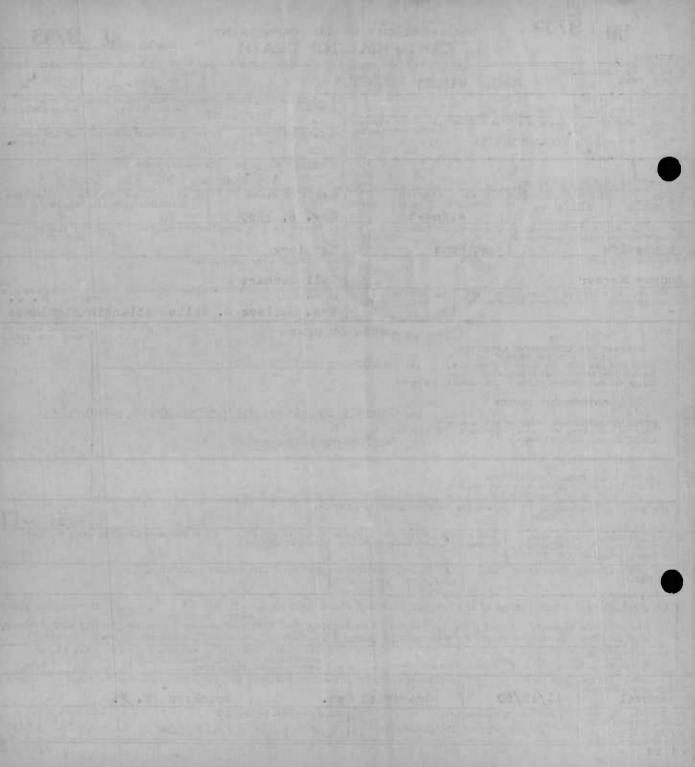
CERTIFICATE OF DEATH Registered N BIRTH NO. 50-2431.5 1. NAME OF DECEASED DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. Vinstitution: residence A. Baltimore City, Mary and B. COUNTY before admission) B. FULL NAME OF (If not in hospital or justitation, HOSPITAL OR CITY OR TOWN Hif putside corporate limits, write RURAL and give INSTITUTION D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Davs 6. COLOR PR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH If Under 1 Year Il Under 24 Hours AGE (In years Months Days Hours Min. WIDOWED, DIVORCED (Specify) last birthday) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR IRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMAN (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) .. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICAL 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, etreet, office bldg., etc.) INJURY OCCUR? p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE AT WORK WORK 195 40 22. I hereby certify that I attended the deceased from\_ 19 that I last saw the 19.50 and that death occurred at 1136 deceased alive on 11/6 m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE/SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) 24B. DATE ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL LOCAL REGISTRAR Villianus, M. VS 150



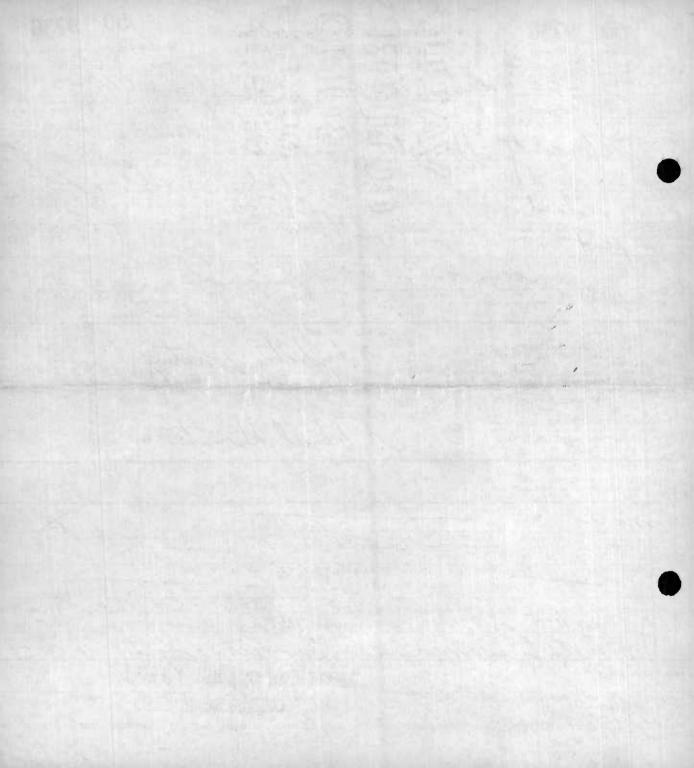
50 9754 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO. 1. NAME OF DECEASED (Type or Print) 2. DATE HIIGH DEATH NOU 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B, COUNTY A. STATE before admission) (If not in hospital or institution, give atreet address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR INSTITUTION D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years | I Under 1 Year WIDOWED DIVORCED Specify last birthday) Months: Days Hours: Min. 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY all Exameer arolina. 13. FATHER'S NAME 14. MOTHER'S 15. WAS DECEASED EVER IN U SARMED FORCES? (Yes, no or unknown) (If yes, give yer or dates of service) 16. SOCIAL (Yes, no or unknown) ADDRESS SECURITY NO. unknown NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the diaease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c, WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) INJURY OCCUR? ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT . 1950 to Nov 14 , 1950 that I last saw the 22. I hereby certify that I attended the deceased from New /2 deceased alive on Nov 14, 1950, and that death occurred at 6:05Pm., from the causes and on the date stated above. 23p. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED euman BURIAL, CREMA-NAME OF CEMETERY OR CREMATORY 24D. LOCATION 24B, DATE DATE RECEIVED BY 25 AUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

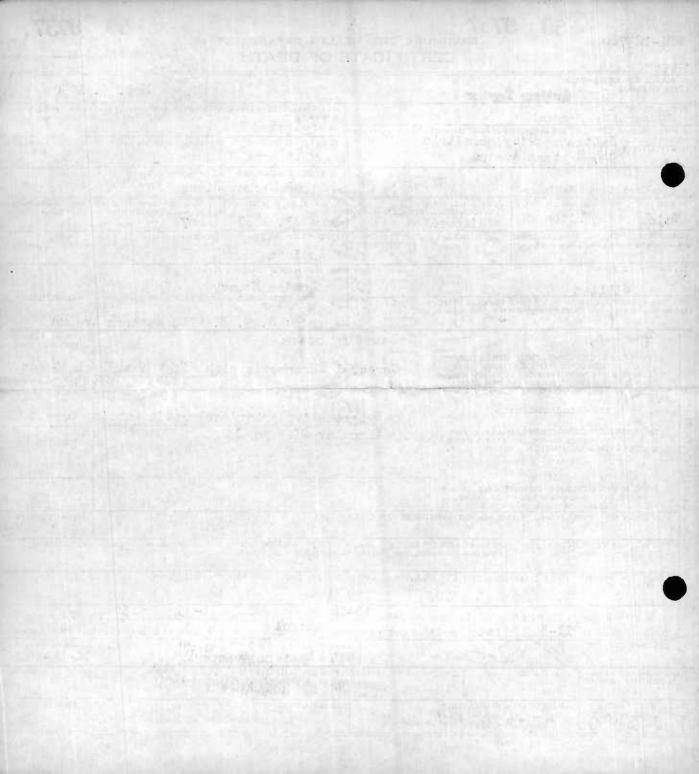


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE MABEL MERCER STRATTON OF Nov. 13, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) W not in hospital or institution, give street address or Maryland B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION 101 Monument St. township) Baltimore 1-02 D. STREET ADDRESS (If rural, give location) Yrs. Mos. 101 Monument St. 8th floor Apt. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years | If Under | Year White WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours; Min. Female widowed Nov. 8. 1880 10A. USUAL OCCUPATION (Give kind of) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY housewife at home New York 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Andrew Mercer Zell Carhart 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or anknown) SECURITY NO. Mrs. Wallace D. White Atlantic Highlands INTERVAL BETWEEN CAUSE OF DEATH 605 X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A) Recto-vaginal fistula heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) Chronic cystitis and pyelonephritis-bilateral CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c) Peri-rectal abscesses OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION EDICAL YES X NO 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) UNDERLYING | OR CONTRIB. UTING [] CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY NOT WHILE WHILE AT WORK Autopsy 22. I certify that I took charge of the remains described above, held an . thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ♣, accident □, suicide □, homicide □, undetermined □. 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER ..... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER.... Ston M.D. | MEDICAL INVESTIGATOR ...... 24D. LOCATION (City, town, or county) 24C. NAME OF CEMETERY OR CREMATORY 24A. BURIAL. CREMA-TION, REMOVAL (Specify) 248. DATE Removal 11/15/60 Greenwood Cem. Brooklyn N. Y. ADDRESS 25 FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Territoron Milland, M.S. V S 151

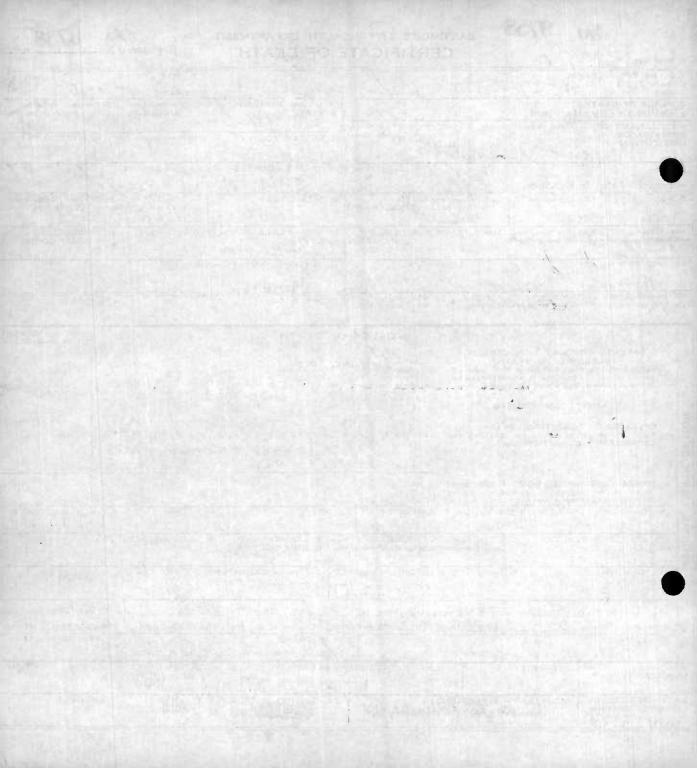


160 C



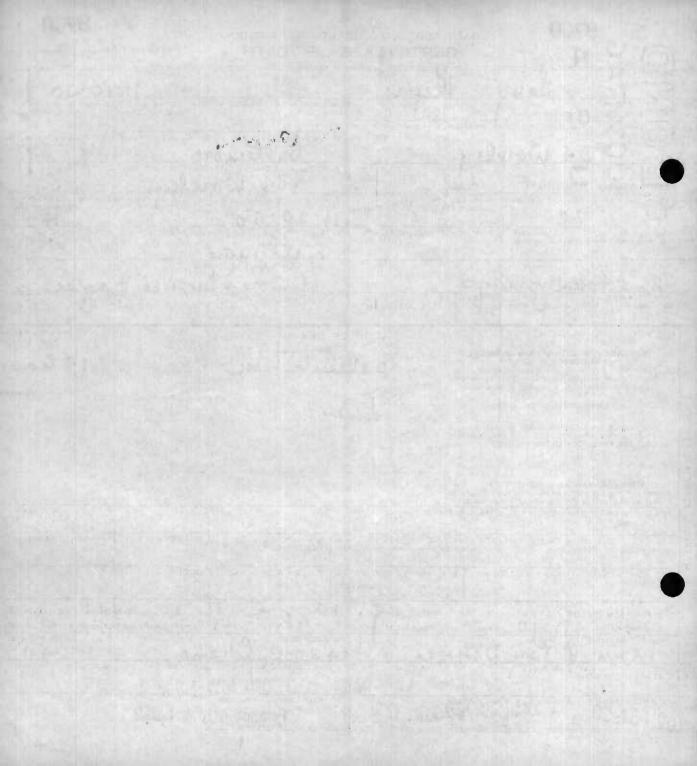


O BI	30 RTH NO.50-	50	9758	DAL	TIMORE CITY HE	EALTH DEPARTMENT E OF DEATH	50 Registered N	9758	
1.	NAME OF D	ECEAS	ED		01	7	2. DATE		
	ype or Print)	/	MERR	E11	, Baby 1	300	DEATH // -(	0-50	
A.	Baltimore C	City, A		al an inatitut	ion, give street address or	4. USUAL RESIDENCE W	here deceased lived. If i	nstitution : residence before admission)	
HC	SPITAL OR STITUTION	/	(11 not in nogh	ar or mstruc	location)		outside corporate limits,	write RURAL and give	
5		wie	site /	ospet	al	Butter.	18-	O / township)	
1			1	10.1	Yrs. Mos.	O. STREET ADDRESS (15	rural, give location)	1 11	
	Length of st		Baltimore	left	Days	891 N.	Janel	re det	
	nale	Col	loved	WIDOW	E. MARRIED. FD, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In fears III last birthday) Mon	ths Days Hours Min.	
10 vork	A. USUAL OC	CUPAT	ION (Give kind of glife, even if retired)	IOB. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or 10	reign country)	12. CITIZEN OF WHAT COUNTRY	
13	FATHER'S N	IAME				14. MOTHER'S MAIDEN NA	ME		
	natha	nial	mau	: +-		Johnson			
IS Yes	. WAS DECEASE	D EVER	IN U.S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	AD	DRESS	
/	NO				SECONTI NO.				
	(This does heart failu injury or	not m re, asth compli	CONDITION OF TO DEA can the mode cenia, etc. It mes cation which co	TH of dying, e. g ans the diseas caused death	(A) Prem	of death		INTERVAL BETWEEN ONSET AND DEATH	
ERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  DUE TO HYDVO Ure tev, Dilitation of:  bladder, congenital urethral  (C) Stricture								
ַט		ISEASE	OR CONDITION	CAUSING I		ATION		20 AUTOBOY2	
AL	ISA. DATE O		7	SB. MASON	TINDINGS OF OPER			YES NO	
EDIC	21A. ACCIDE HOMICIDE	NT, SL (Spec			CE OF INJURY (e. g., in arm, factory, street, office bldg., e		f in Baltimore City, gi	ve exact location)	
Σ	F INJURY	Month)	(Day) (Year)		VHILE AT NOT WHILE		OCCUR?		
22. I hereby certify that I attended the deceased from 11-6, 1950, to 11-6, 1950, that I last deceased alive on 11-6, 1950, and that death occurred at 7-4 m., from the causes and gn the date stated							that I last saw the		
and and	decoased al	ive on	11-6 N. B.	, 19 <u>50</u> ,	2	red at 7 = Am., from the	ac causes and on the	e date stated above.  23c. DATE SIGNED	
24 TIO	A. BURIAL C	REMA-	24B. DATE	2	M. D.   24C. NAME OF CEMETE	TO OR CREMATORY 240. LC	1 3 1950	or county) (State)	
DA LO	TE RECEIVED	RAR 950	REGISTRAR		Villians, M.	25. FUNERAL DIRECTOR	Health,	ADDRESS	
+	VS 150			1.34	123 Comments	Si, 3	1	59.0	



	of restriction cast to proper the second control of the second con
Restau de	

6	20 50	9760	ВА	LTIMORE CITY H	EALTH DEPARTMENT	50	9760		
BI	RTH NO. 50	-24375		CERTIFICAT	E OF DEATH	Registered No			
1.	NAME OF DE		W	Muers		2. DATE OF DEATH	0.576		
Α.		ity, Maryland	7	0	4. USUAL RESIDENCE (V		titution: residence before admission)		
H	STITUTION	434 W		ation, give street address or location	The state of the s	outside corporate limits,	vrite RURAL and give township)		
c.	Length of sta	ay in Baltimore	(	Yrs. Mos. Days	434 Wo	rural, give location)			
5.	SEX	6.COLOR OR RAC		E. MARRIED, WED DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (li years li Un last birthday) Mont	der I Year hs Days Hours Min.		
		UPATION (Give kin working life, even if retir		D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country) 1:	CITIZEN OF WHAT COUNTRY?		
13	FATHER'S N	AME (			14. MOTHER'S MAIDEN N.	ME			
15 (Yes	. WAS DECEASED, no or unknown)	EVER IN U. ARI	MED FORCES? ates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	Peruce the	ords		
	(This does heart failur injury or	E OR CONDITIO LEADING TO D not mean the mod e, asthenia, etc. It r complication which	EATH e of dying, e neans the disea caused dea	.g., (A)lue	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH		
CATION	DISEASES RISE TO TH UNDERLY		• • • • • • • • • • • • • • • • • • • •						
RTIFICA		н		(C)					
CER	OTHER SI TRIBUTING TO THE DIS								
7	19A. DATE OF		20. AUTOPSY?						
EDICA	21A. ACCIDE HOMICIDE	NT. SUICIDE. (Specify)		ACE OF INJURY (e. g., e, farm, factory, street, office bldg.		If in Baltimore City, giv	e exact location)		
X	ID. TIME (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?								
	22. I hereby certify that I attended the deceased from 1 10 19 0to 10 19 bhat I last saw the								
	deceased ali	ve on URE	2_, 19,10	, and that death occu	23B. ADDRESS m., from t	he causes and on the	date stated above.		
2	1A BURIAL C	H - 00 TA		M.D.	1420 C Che	OCATION (City, town, or	11.11.20		
Tio	24a. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)								
D.L.	ATE RECEIVED	BY REGISTR	R'S SIGNA	Villians, M.	25. FUNERAL DIRECTOR	er of Health	DDRESS		
1	VS 150		/ They h	my mantered .	4.1.4	1	0304		



242 9761

## BALTIMORE CITY HEALTH DEPARTMENT

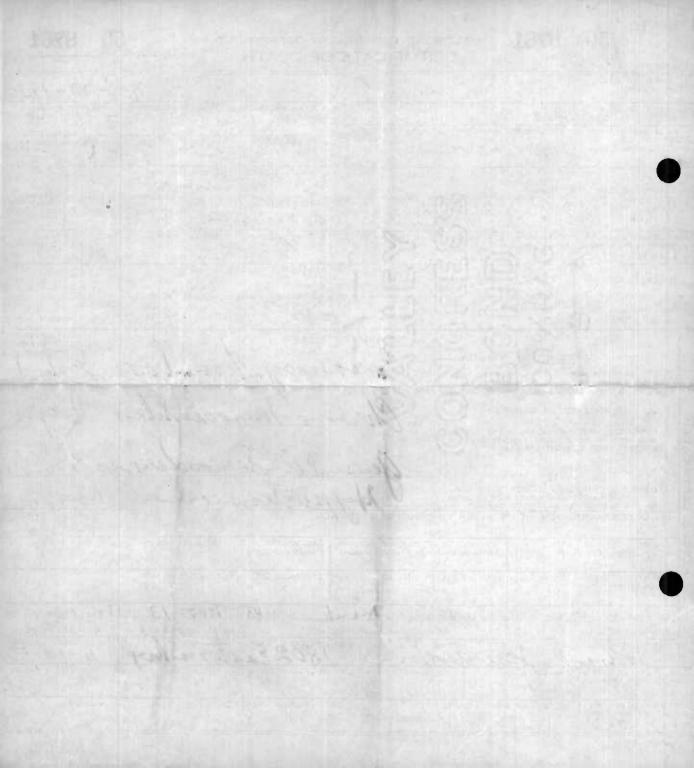
50 9761

BIRTH NO.	CERTIFICATI	E OF DEATH	Registered N	0
1. NAME OF DECEASED			2. DATE	
(Type or Print) Leo M.	Wyczale		OF DEATH NOT	r, 13-1950
B. PLACE OF DEATH:  A. Baltimore City, Maryland Rollo		4. USUAL RESIDE	NCE (Where deceased lived, If i	nstitution: residence before admission)
S. FULL NAME OF (If not in hospital or institu	a location)	c. CITY OR TOWN	(If outside corporate limits	meite DIIDAY and des
NSTITUTION 925 n. Linux	od ane	Be	alto. 7-0	township)
	Yrs.	D. STREET ADDRES	SS (If rural, give location)	
. Length of stay in Baltimore	Mos. Days	925 n	. Jenwood a	ne .
5. SEX   6. COLOR OR RACE   7. SINGL	E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years   II	Under 1 Year   If Under 24 Hours
mace grave m	WED, DIVORGED (Specify)	Oct. 23-1	906 44	nths Days Hours Min.
OA. USUAL OCCUPATION (Give kind of 10B. KIN ork done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (St	tate or foreign country)	12. CITIZEN OF
Bartender	NHM.	Balt	o, mol.	WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAI	DEN NAME	
Roman Wycza	lek	mary		
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (es, no or unknown) (If yes, give war or dates of service)	16. SOCIAL	17. INFORMANT		DDRESS
no di dia nowiji	212-07-0676	Stella Wy	jezolek 915 n.	Sinwood are
18. 420.1	CAUSE	OF DEATH	/	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	1		7/ /	1010
LEADING TO DEATH	we la	mxnu!	14 > De m 120-12	1 Kosland
(This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the diser	.g., (A)		grand and the second	
injury or complication which caused dea	th.) DUE TO	6	·	
ANTECEDENT CAUSES	NI	· · · ho	1.	1/2
	(B) / M/5	and low	grigarnico	· 6 2m
DISEASES OR CONDITIONS, IF ANY, GIV				
UNDERLYING CONDITION LAST.	INE DOE TO			
	1/2	0/11	52: and 12 m	1/22
11	(C) folker	Deff ( )	curaou ys	a 1200 1
OTHER SIGNIFICANT CONDITIONS CO		- f		1
TRIBUTING TO THE DEATH, BUT NOT RELA TO THE DISEASE OR CONDITION CAUSING		MIRALL	slove	puls.
	R FINDINGS OF OPER	RATION		20. AUTOPSY?
				YES NO
21A. ACCIDENT, SUICIDE,   21B. PL	ACE OF INJURY (e. g., I	n or   21c. WHERE DI	D (If in Baltimore City, g	ive exact location)
	e, farm, factory, street, office bldg.,	etc.) INJURY OCCUP	₹?	
p. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURR	THE RESERVE OF THE PERSON NAMED IN COLUMN	INJURY OCCUR?	
· m.	WHILE AT NOT WHILE AT WORK			
22. I hereby certify that I attended th	e deceased from	refe , 1943	, to nov. 13, 1950	that I last saw the
	, and that death occur		from the causes and on th	ne date stated above
23A. SIGNATURE		3B. ADDRESS	4-1	23c. DATE SIGNED
John V. Miles	PRAPAR M.D.	180278	stern hop	11-14-50
24A. BURIAL, CREMA- 24B. DATE	24C. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (City; town,	or county) (State)
24A. BURIAL, CREMA- 24B. DATE	Holy Day	ALU	Bulton	ms
Kurial 1/00-18-1930	01012 1100	LOE ELINES II	- A-	ADDRESS
DATE RECEIVED BY REGISTRAR'S SIGNAT	Williams Man	25. FUNERAL DIRE	ector AA2	Esta asy

VS 150

750 6M

093d



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 50-24660 1. NAME OF DECEASED 2. DATE (Type or Print) OF Grabecki. Baby Girl DEATH NOV. 1). S. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give XNOTOUDDNX St. Joseph's Baltimore. p. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 16 hr. 1710 Rutland Ave. Dave 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months: Days Hours: Min. 9. AGE (In years) Dingle Nov. 13. 1950 10A. USUAL OCCUPATION (Givekinder) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? None Infant Raltimore 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Stephen Stanislaus Grabecki
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S
(Yes, no or nnknown) (If yes, give war or dates of service) Mary Agnes Valis 16. SOCIAL 17. INFORMANT SECURITY NO. shows, Grabecki 1710 Riotlan NTERVAL BETWEEN CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH A telectasis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES I rematurity ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.

11

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION

21A. ACCIDENT, SUICIDE. HOMICIDE (Specify)

about home, farm, factory, street, office bldg., etc.) 21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21B. PLACE OF INJURY (e.g., in or

INJURY WHILE AT WORK

REGISTRAR'S'SIGNATURE///

22. I hereby certify that I attended the deceased from November 13,19 50 to November 11,19 50 hat I last saw the deceased alive on Nov. 13. 1950, and that death occurred at 12:15m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED

+ 7070 A

24c, NAME of CEMETERY or CREMATORY | 24c, LOCATION (City, town, or county)

21c. WHERE DID

INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

1400 M Caroline St

township

24A. BURIAL, CREMA-TION, REMOVAL (Specify) DATE RECEIVED BY

MEDICAL

248 DATE

25. FUNERAL DIRECTOR

(If in Baltimore City, give exact location)

ADDRESS

5 19 3 . Mildred with

159.0

A CONTRACTOR OF THE PARTY OF TH

VS 150

LOCAL REGISTRAR

093d.

1217 St. Paul Street

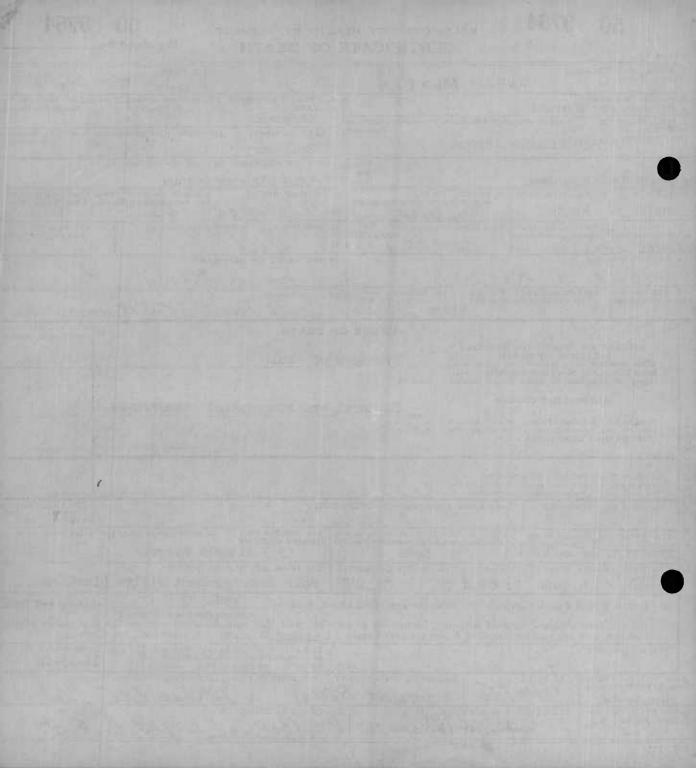
	EALTH DEPARTMENT 50  E OF DEATH Registered No.	9764
1. NAME OF DECEASED	REED 2. DATE OF November	r 12, 1950
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF Of not in hospital or institution, give street address or location)  FOR THE STREET OF THE	4. USUAL RESIDENCE (Where deceased lived, If inst A. STATE B. COUNTY Maryland C. CITY OR TOWN (If outside corporate limits, w Baltimore D. STREET ADDRESS (If rural, give location)  5519 Minnoka Avenue  8. DATE OF BIRTH 9. AGE (In years) If Under	itution: residence before admission)  rite RURAL and give township)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY  Building (ON)  13. FATHER'S NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  17. (13. SECURITY NO.	11. BIRTHPLACE (State or foreign country)  12.  14. MOTHER'S MAIDEN NAME  VENNE KEIM  17. INFORMANT  ADDR  ADDR  The Country of the country o	11 11
OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES	OF DEATH re of skull al and subarachnoid hemorrhage	INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER		20. AUTOPSY?
21A. EXTERNAL CAUSE WAS UNDERLYING TO OR CONTRIB. about home, farm, factory, street, office bidg., uning L CAUSE OF DEATH. home  21D. TIME (Month) (Day) (Year) (Hour)	5519 Minnoka Avenue	27/19
22. I certify that I took charge of the remains described of the evidence obtained by said Autopsy, Inspection or I and death in my opinion resulted from: natural causes	above, held an Autopsy t Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the o	etermined [].

North North

VS 151 N 803 2

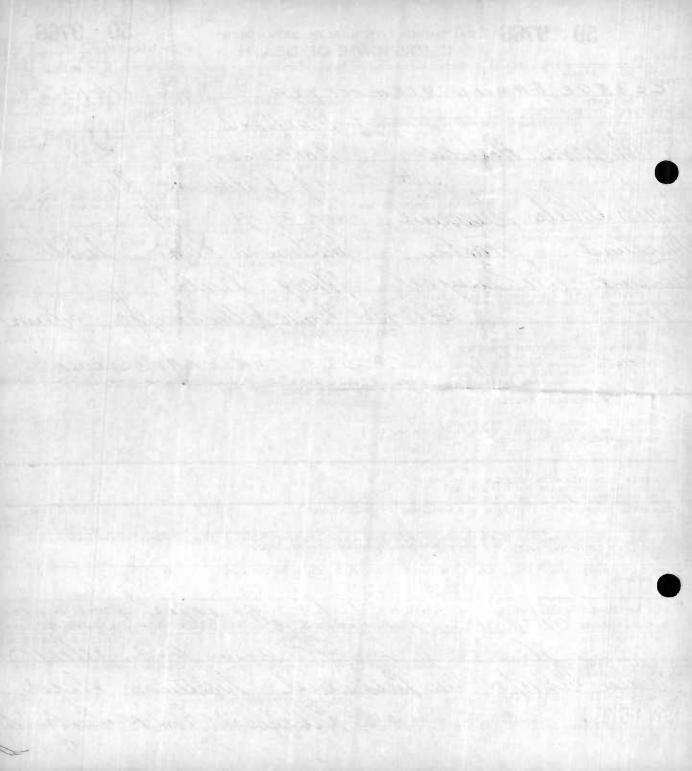
564 24

186a

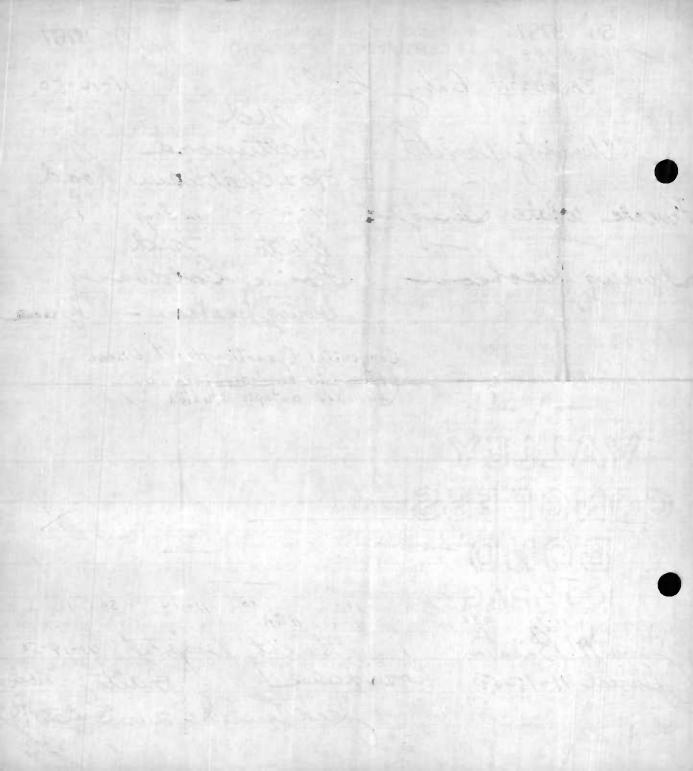


ME	DICAL EX	AMINER'S	CASI	E RELEA	SED				5	0		
ВІ	620 RTH NO.	50 9	765		CERTIFICA				Registere	d No.	9765	
1.	NAME OF Di		Λ	- Do salv	0.000				2. DATE OF	7.7	3.050	
	PLACE OF DE Baltimore C	EATH:		na Rarb	ara		. USUAL RESIDE	ENCE (Wh	DEATH Nov ere deceased lived B. COUNTY	. If insti	ution : resid- before adr	
H	FULL NAME OSPITAL OR STOTUTOR	OF (If not	in hospit	al or institut	ion, give street address locatio	1	Mary.		utside corporate li	mits, wr		and give
		St. Jo	seph	<sup>1</sup> S				imore	dom	- 0	0	wnamp)
C	Length of st	tav in Ralti	more		82 Yrs	5.	D. STREET ADDRESS (If rural, give location)					
-	SEX	6. COLOR O		WIDOW	E, MARRIED.	8,	DATE OF BIRTH	Ailsa 1858	9. AGE (In years last birthday)			1 24 Hours s Min.
	A. USUAL OC				idowed  OF BUSINESS OR INDUST		BIRTHPLACE (S	State or fore	eign country)		CITIZEN O	
	None		In retired)		INDUST		Penna				WHAT COL	MIRY
13	FATHER'S N	andro		ltai.		14	MOTHER'S MA	IDEN NAM	6			
15	WAS DECEASE	D EVER IN U.	S. ARMED	FORCES?	16. SOCIAL		Manga MINFORMANT	ner	Mair	4555	500	
(Yes	, no or nnknown)	(If yes, give v	rar or date	of service)	SECURITY NO	19	athernel	Leys	l 260	ADDR	ilsa	ave
	18. E 900	010			CAUSI	E OF	DEATH	/			INTERVAL B	DEATH
		LEADING	O DEA	TH	7.		***	nal. A				
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)											
	ANTECEDENT CAUSES CERTIFICATION APPRO								וחפפס	IED DV		
O	DISEASES OR CONDITIONS, IF ANY, GIVING								r. John R.		-	
AT		ING CONDI			HE DUE TO		р	er:	RXX	he	M. D.	
FIC		11			_(C)			СН	HEF. OR. ASST. MED	ICAL EX		
CERTIFICATION	TRIBUTING	IGNIFICANT TO THE DEA ISEASE OR CO	CONDI	NOT RELAT	FD							46
	19A. DATE O				FINDINGS OF OP	ERAT	ION				20. AUTO	PSY?
EDICAL	21A ACCIDE	NT. SUICIDE		2 la P1	ACE OF INJURY (e. p	e in or	21c. WHERE D	ID (If	in Baltimore Cit	v give	YES L	NO SE
	HOMICIDE	(Specify)	100	about home.	farm, factory, street, office bld		INJURY OCCU			, , , , , ,	27/3	
Σ	ACCIDE 2 ID. TIME ( F INJURY	(Month) (Day	(Year)	1	2 IE. INJURY OCCUI	RRED	21F. HOW DID				110	
L	Sept.	16 19	50	? m.	WHILE AT NOT WHI	K K	Missed la	st ste	p, fell to	gro	und	
В	22. I hereb	y certify th	at I att	ended the	deceased from Se	epte	mber 16195	9 tNove	mber 13,19	50, th	at I last s	aw the
	deceased alive on Nov. 13., 1950, and that death occurred at 4:55pm., from the causes and on the date st							ate stated	above.			
	23A, 31GNA	Tull	I .	7. Ren	M.D.		27	oline	St.	1	1/13/50	
24 TIS	A. BURIAL, (S	pecify) 24B.	DATE	105	1 10 1	6	OR CREMATORY	24b. LO	CATION (City, to	wn, or co	ounty)	(State)
1	Jurial	1ºM	0/6	, , , ,	Loudon	10	5. FUNERAL DIR	1 Jal	timore.	N	DRESS	
	ATE RECEIVE		HAR	S SIGNATU	Blief .	· h	. Or A	10,0	andola de	41/		
=	10V 15	1950	1	all for	/ Yorking to John St.	UN.	s. Mus you	11 11 . 12	-2161		al An	0.
	N	820.0	pro Ald to	100	्यं विद्यानिक सम्बद्धान	1	1860	C 3	JII con	uou	dson	nor

9766 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) GE DANIEL VIEH ME DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, ly institution: residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township Yrs. D. STREET ADDRESS (If rural, give location) Mos. ngth of stay in Baltimore Days 6. COLOR OR RACE 7. SHIGLE, MARRIED 9. AGE (in years ff Under 1 Year If Under 24 Hours DOWED, DIVORCED (Specify) last birthday) Months: Days Hours Min. 40 100 USUAL OCCUPATION (Give kind of) 108. KIND OF BIRTHPLACE (State or foreign country) BUSINESS OR 12. CITIZEN OF lone during most of working life, even if retired) INDUSTR acheust THER'S NAME WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service SECURITY NO. 18. 420.1 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) ACUTE COMON (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? . WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from-11. 19 50 to 12, 195 Pthat I last saw the deceased alive on 1//12, 1960, and that death occurred at 5:06 m. from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. DATE (City, town, or county) REGISTRAR'S SIGNATURE DATE RECEIVED BY ADDRESS VS 150



9757 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. 50-23790 1. NAME OF DECEASED (Type or Print) 2. DATE ACOBSON 150 OF 11-14-50 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give INSTITUTION township) (If rund), give location) Yrs. Mos. c. angth of stay in Baltimore 6. COLOR OR RACE 7. SINGRE, MARRIED. WIDOWED, DIVORCED (Specify) If Under 1 Year last birthday) | Months Days | Hours Min. 12 dlus 12 10A. USUAL OCCUPATION (Give kind of THPLACE (State or foreign county) 106. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER N U. S. ARMED FORCES? (Yes, no or unknown) 16. SOCIAL (Yes, no or unknown) ADDRESS SECURITY NO. 18. 7 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Cyanotic Heart Disease LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. will be determin injury or complication which caused death.) autopsy studies ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. CERTIFIC OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION DICA 218. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WHILE AT WORK 1950 to 1/- 14 , 1950 that I last saw the 22. I hereby certify that I attended the deceased from 11-2 1950, and that death occurred at 112Am., from the causes and on the date stated above. deseased alive on 11.14 2BA. SIGNATURE ZAA. BARIAL, CREMA-TION, REAOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATOR 24D. LOCATION (Elty, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE DRESS LOCAL REGISTRAR



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH I. NAME OF DECEASED (Type or Print) 2. DATE TOBES MAN ACOB DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not if hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH . AGE (In years) Il Under 1 Year If Under 24 Hours Months Days Hours Min. larences IOA. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BUTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of the life, even if retired) INDUSTRY WHAT COUNTR wier 13. FATHER'S NAME 14/MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or nnknown) SECURITY NO INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUF TO over ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUF TO UNDERLYING CONDITION LAST. H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about bome, farm, factory, street, office bidg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? HOMICIDE 10. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY 11960 - 14, 19 56 that I last saw the 22. I hereby certify that I attended the deceased from 11-14 deceased alive on 11-14, 1950, and that death occurred at\_ Im., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 23B. ADDRESS 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY Jurio ADDRESS DATE RECEIVED BY 25. FUNERAL DIRECTO REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150 4. 56 1.

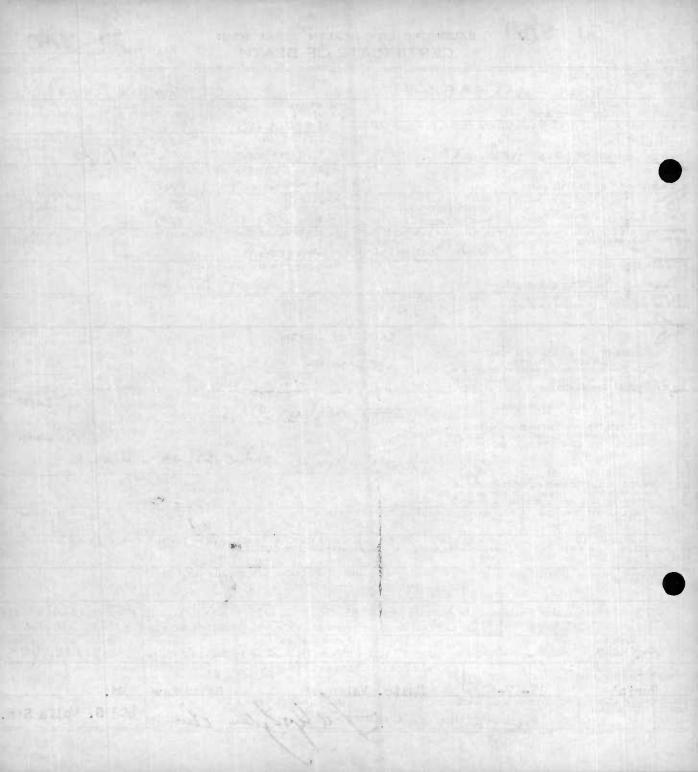
Was the Att Condition accompanied
by active of heart forer about the
time of heath?

or - mater quester ; - a clumic condition?

"Probably active" See Document File 50-9768
1/8/1951

10 11.

50 9769 BALTIMORE CITY HEALTH DEPARTMENT								
BALTIMORE CITY HEALTH DEPARTMENT	50 9750							
CERTIFICATE OF DEATH Register	red No.							
1. NAME OF DECEASED   2. DATE								
HEDRY WITTER BUSCH	W. 14, 1950							
A. Baltimore City, Maryland B. COUNT								
B. FULL NAME OF (If not in hospital or institution, give street address or location)  C. CITY OR TOWN (If outside corporate	e limits, write RURAL and give							
Esperalin Square Hospital BALTIMARE CITY	19-04/township)							
Yrs. D. STREET ADDRESS (If rural, give location	on)							
c. Length of stay in Baltimore  Days S. FULTON AVE								
J. AGE (XII ) CO	Months Days Hours Min.							
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired)	12. CITIZEN OF WHAT COUNTRY?							
Retired the man-City MARYLAND.	WHAT COOKINT							
13. FATHER'S NAME								
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL 17. INFORMANT								
(Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO.	ADDRESS							
18. 442 X . CAUSE OF DEATH	INTERVAL BETWEEN							
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not reach the medical during a control of the contro	0 10							
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	2 Mos							
injury or complication which caused death.) DUE TO	not known							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CON-	. Wet mon							
(c) Hypertennie Cardioras cular disease								
OTHER SIGNIFICANT CONDITIONS CON-								
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?							
	City, give exact location)							
The Time (Month) (Day) (Year) (Hour)   21s. INJURY OCCURRED   21s. HOW DID INJURY OCCUR?								
m. WHILE AT NOT WHILE AT WORK								
22. I hereby certify that I attended the deceased from Sept 30, 1950, to WO 14,	1950) that I last saw the							
deceased alive on 3 NN, 1950, and that death occurred at 2:55 m., from the causes and 23A. SIGNATURE	on the date stated above.							
- good seem Emblust Manual . Must	NOV 14,1950							
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, TION, REMOVAL (Specify)	town, or county) (State)							
	Md .							
Burial 11-17-50 Balto National Baltimore								
Burial 11-17-50   Balto National   Baltimore DATE RECEIVED BY REGISTRAR'S SIGNATURE   25 FUNERAL DIRECTOR	403 S. Wolfe Str.							
DATE RECEIVED BY   REGISTRAR'S SIGNATURE   25 FUNERAL DIRECTOR								



Name of Street,	43			经世界知的。	STATE OF			
	50 9770	BALTIMORE CITY HE	TALTH DEPARTMENT	50	9770			
		CERTIFICATI		Registered No				
	IRTH NO.	OEKTII TOXTI	2 Of BEATH					
(T	NAME OF DECEASED Type or Print)	J. Remole	la.	2. DATE OF DEATH NOVE	hen 13,1950			
	. PLACE OF DEATH: Baltimore City, Maryland	0	4. USUAL RESIDENCE (W	here deceased lived, If insti B. COUNTY	tution: residence before admission)			
H	OSPITAL OR	institution, give street address or location)	c. CITY OR TOWN (If	outside corporate limits, wr	ite RURAL and give			
7	ALLS TOPLIS	OSPITAL	Balting	me 2-0	downship)			
-		Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)				
	Length of stay in Baltimore  SEX   6.COLOR OR RACE   7.	Days SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE (In years) If Under	1 Year   If Under 24 Hours			
7		WIDOWED DIVORCED (Specify)	10-25-8/0	last birthday) Months				
	DA. USUAL OCCUPATION (Give kind of lot k done during most of working life, even if retired)	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)   12.	CITIZEN OF WHAT COUNTRY?			
	The state of the s	Sevent			WHAT COOKINT			
13	FATHER'S NAME	0 \	14. MOTHER'S MAIDEN NA	AME				
15	5. WAS DECEASED EVER IN U. S. ARMED FOI	RCES?   16. SOCIAL	_ amanda	1000	500			
(Ye	(If yee, give war or dates of se	SECURITY NO.	17. INFORMANT	hopkins kospitál <sup>dr</sup>	£55			
	18. /J-/ X	CAUSE	OF DEATH		INTERVAL BETWEEN			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not men the mode of dving, e.g., (A) CARCINOMATOSIS							
	(This does not mean the mode of dy heart failure, asthenia, etc. It means th	ne disease,		<b>)</b>	(over)			
	injury or complication which cause							
Z	ANTECEDENT CAUSES (Probably primary in stomach or Diseases or conditions, if any, giving pancreas)							
ERTIFICATION	DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST.		pa	nor cas,				
IC/								
TIF	OTHER SIGNIFICANT CONDITIO	(C)						
CEF	TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CA	RELATED						
		MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?			
EDICAL	21A. ACCIDENT, SUICIDE, 2	18. PLACE OF INJURY (c. g., is	n or 21c. WHERE DID (I	f in Baltimore City, give	exact location)			
ED	HOMICIDE (Specify)	out home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?					
Σ	1D. TIME (Month) (Day) (Year) (Ho	ur)   21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?				
	Mooki	m. WHILE AT NOT WHILE						
	22. I hereby certify that I attend		1-3 1950, to		at I last saw the			
	deceased alive on 17 3, 19	and that death occur	38 ADDRESS	he causes and on the d	ate stated above.			
	/ letter / - /	elson M.D.	aones d	GPKINS NOSPITATION	11/14/50			
2 TJ	4A. BUT(AL, CREMA- 24B. DATE ON, REMOVAL (Specify)	24C. NAME OF CEMETE	RY OR CREMATORY 24D. LO	OCATION (City, town, or e	outity) (State)			
Ë	ATE RECEIVED BY I REGISTRAR'S	50 Sarred 7	25, FUNERAL DIRECTOR	Miner	DRESS			
L	OCAL REGISTRAR	m Villiams, M. #	4 N (O)	42 fr:				
=	VS 150	188 a serial and and	Jua 1. 2	The state of				
		9709	9 1930 8 4	elim con	463			

If peacher, please not le a mondefemble and ment location of the realization to turns?

"Patient had gastro-enterostomy in 1936 for reportedly grossly benign gastric alc That is only lead to possible site".

See Document File 50-9770 for full query answer 12/18/50 ES

9771

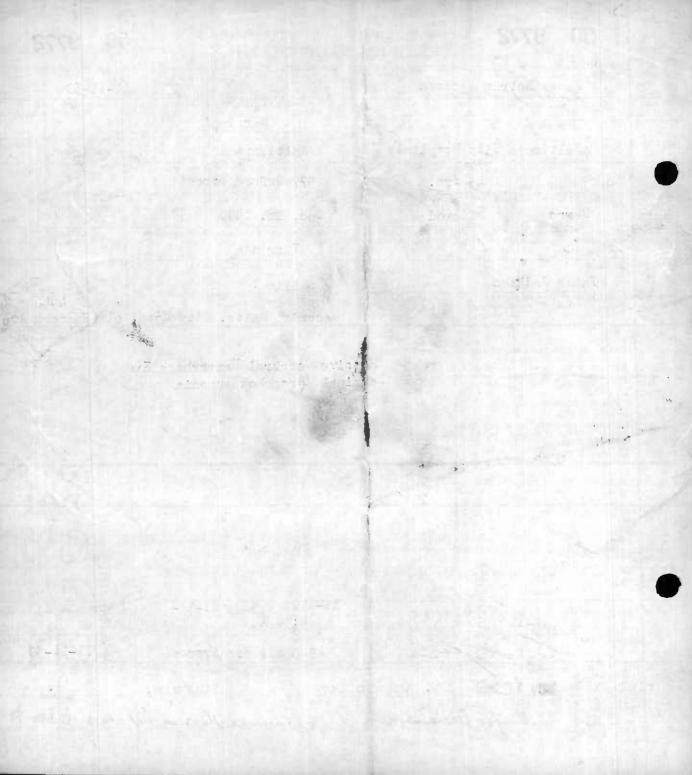
			BAL	CERTIFICAT	E OF DEATH	Regis	tered No.	OIII
	RTH NO.							
	NAME OF D		BECCA	SAVERS		2. DATE OF DEATH	11/14	150
Α.		Eath: City, Maryland			4. USUAL RESIDENCE	Where deceased B. COU		tution; residence before admission
40	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or location)	MARY LAND	lf outside corpor	ate limits, we	ite RURAL and give
2	STITUTION	ALTIMORE G	FNERE	L HOSPITAL	BALTIMORE	2.	3=0	township
				Yrs.	D. STREET ADDRESS	f rural, give loca	etion)	
		tay in Baltimore		Mos. Days	175 W. CRON			
_	SEX EMALE	6.COLOR PR RACE	WIDOW	E, MARRIED, /ED, DIVORCED (Specify) . <b>RIED</b>	SEPT. 16, 1883	9. AGE (In last birth	day) Months	Days Hours Min.
orl	done during most o	CUPATION (Give kind of f working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	BALTIMORE,		)   12.	CITIZEN OF WHAT COUNTRY
	HOUSE W				14. MOTHER'S MAIDEN		11	
	GEORGE	JORDAN			UNKNOWN			
5	. WAS DECEASE	D EVER IN U.S. ARMED (If yee, give war or dates	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDR	
				SEGONITI NO.	MR. MARTIN S	AUERS	175 CF	ROMWELLS
CENTILICATION OF	heart failu injury or  DISEASE: RISE TO T UNDERLY	LEADING TO DEAT NOT mean the mode of re, asthenia, etc. It mean complication which of anticomplication which of the complication which of the above cause (a) (ING CONDITION LA CONDITION LA CONDITION CONDITI	of dying, e. ; ns the diseas aused death SES F ANY, GIVIN STATING TI ST.  ITIONS COI NOT RELATI	(B)  (B)  (C)  ATEL  (C)	a. pericoden A	e of tep	92	
1				FINDINGS OF OPER	RATION			20. AUTOPSY?
1	21a. ACCIDE HOMICIDE	NT, SUICIDE. (Specify)	21B. PLA about home,	ACE OF INJURY (e. g., i farm, factory, street, office bldg.,	n or 21c. WHERE DID otc.) INJURY OCCUR?	(If in Baltimor	e City, give	exact location)
-	INJURY	Month) (Dny) (Year)		21E. INJURY OCCURR WHILE AT WORK AT WORK		RY OCCUR?		
	22. I hereb	y certify that I att	ended the	dcceased from 11	13 50 , 19 , to	11/14/50	_, 19, <i>tl</i>	at I last saw th
			_, 19		rred at 3:50 Am., from	the causes a		late stated above 3c. DATE SIGNED
	D1. C. D. O		2000	eu M.O.	1213 light St	reet		114/50
2	4A. BURIAL, CON REMOVAL (S	CREMA- 24B. DATE		MORELAND ME	RY OR CREMATORY   24D.	LOCATION (CI	ty, town, or c	
D	ATE RECEIVE		S SIGNATU	Williams M	JOHN F. DENN			ODRESS

and the

THE HEALTH WATER

10/14/Ser		SECON SAUER	Auso Ke	
	MAKYME			
	EALTHOUGH	CHERRA MERRI	Barrensell	41
* *	LE W. Crowwess			
	187,161,192	DEEDSAM	ATTHM	ARM
	Tom any or and		23/16/0	d
	Wilesanz Indi		Marchall Mar	
A THE STANDARD A	STANK AMERICAN			
urral and and and		23 25 25 25 25 25 25 25 25 25 25 25 25 25	S SANGER	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE James Betram Jackson OF 11-11-50 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Baltimore City Hospitals township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 577 Oxford Street c. Length of stay in Baltimore Days 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (In years | If Under 1 Year last birthday) Months Days Hours Min. WIDOWED DIVORCED (Specify Widowed Male Negro Dec. 18, 1890 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Virginia LABORER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Jackson Sallie ? 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS 4940 SECURITY NO. Records\* Balto. City Hospitals Eastern Ave 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., Massive Cerebral Hemorrhage C Hours heart failure, asthenia, etc. It means the disease, XXXX Terminal Bronchopneumonia injury or complication which caused death.) ANTECEDENT CAUSES CERTIFICATION (B) ..... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) ... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA 218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER-2IC, WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 2 ID. TIME (Month) (Day) (Year) (Hour) 2 IF. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WHILE AT WORK . 19 50 that I last saw the 22. I hereby certify that I attended the deceased from and that death occurred at 9:30 1950 deceased alive on. Am., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 4940 Eastern Avenue 11-14-50 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME of CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) Burial Baltimore. Mt. Auburn Cem Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150 9708C 0830



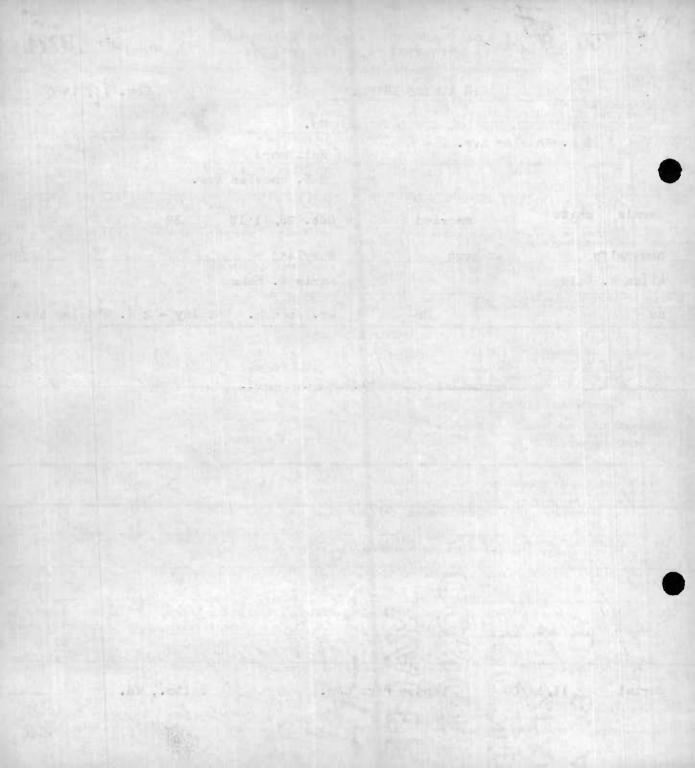
No. 1990 frate water was 123 The second second of the state of th not believered hit company in a market of all and a wind

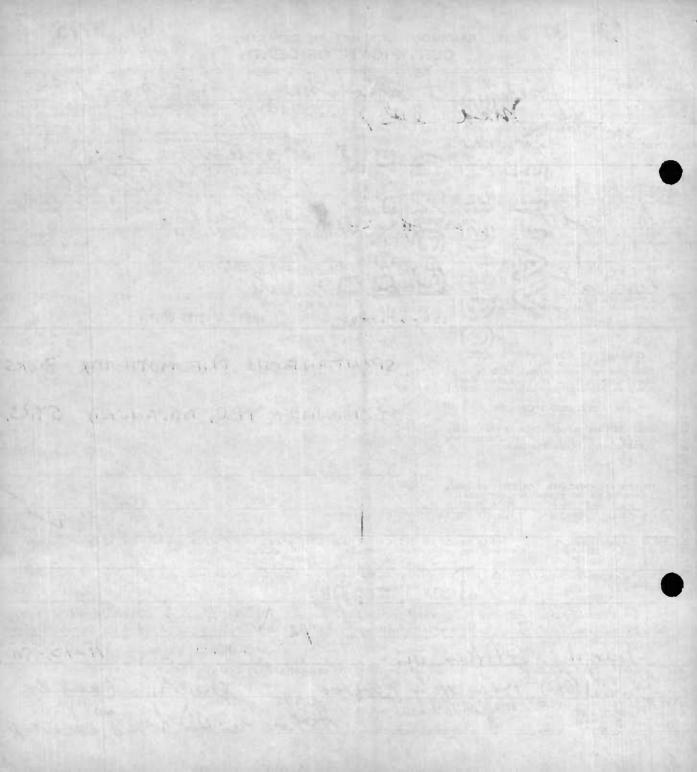
VS 150

## PALTIMORE CITY HEALTH DEPARTMENT

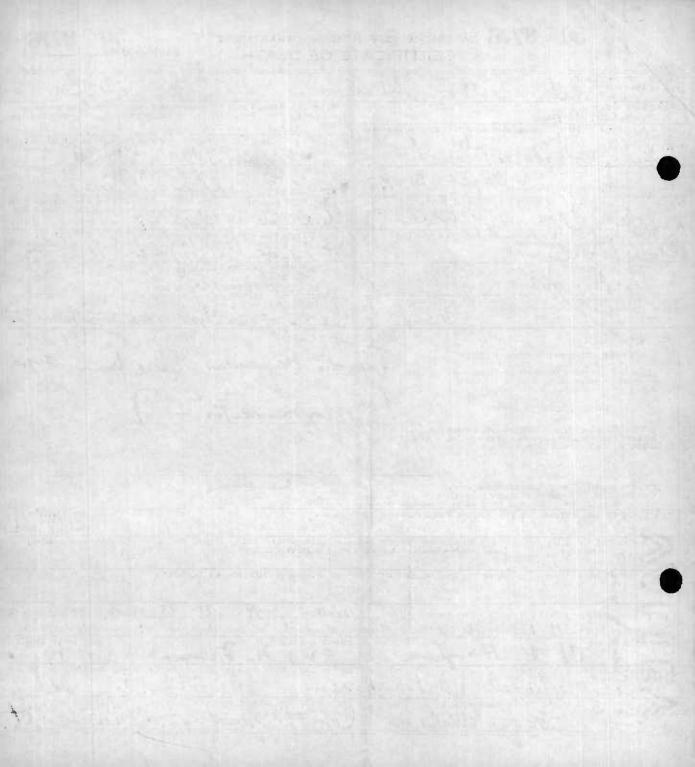
	00 9//	4	CERTIFICATE	OF DEATH	Register	red No	9/14
BIRTH NO.			CERTII TOATI	- OI DEATH			
I. NAME OF D Type or Print)	ECEASED	MADTE	ATT VNID CUIDID	v	2. DATE. OF	14	1050
B. PLACE OF D	FATU.	MARIE	ALLYNE SHIPLE	I 4. USUAL RESIDENCE	DEATH N		
A. Baltimore (	City, Maryland			A. STATE	B. COUNT		before admission)
S. FULL NAME			on, give street address or location)	c. CITY OR TOWN	(If outside corporate	limits write	RURAL and give
NSTITUTION	2 N. Wheel	er Ave		Baltimore	2 0	aus Ca The	township)
			Yrs.	D. STREET ADDRESS	(If rural, give location	on)	
. Length of s	tay in Baltimore		Mos. Days	2 N. Wheeler	· Ave .		
5. SEX	6. COLOR OR RACE	7. SINGLE	, MARRIED.	8. DATE OF BIRTH	9. AGE (In year	rs If Under 1 Y	Year   If Under 24 Hours
female	white		ED, DIVORCED (Specify)	Oct. 25, 1918		) Inditties L	Ays Hours Will.
OA. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State			ITIZEN OF
housew		at hon		Maryland			HAT COUNTRY
13. FATHER'S	NAME			14. MOTHER'S MAIDE	NAME		
Allen	E. Daley			Marie E. Hahr	1		
15. WAS DECEAS	ED EVER IN U. S. ARMEI (If yos, give war or date	FORCES?	16. SOCIAL	17. INFORMANT		ADDRES	
no	(11 ) 34 ) 31 0 1 4 1 0 1	- 0. 00. 1.00)	SECURITY NO.	Mr. John H.	Shipley - 2	N. Whe	eler Ave.
18. 002	Χ.		CAUSE	OF DEATH			TERVAL BETWEEN
DISEAS	SE OR CONDITION	DIRECTLY	1		1000		7
(This does	not mean the mode of	F <b>H</b> of dying, e.g	, (A) WH	liculais	Idelen		190
heart failu injury or	re, asthenia, etc. It mea complication which	ns the discas caused death	e,	in conitati	mo		
	ANTECEDENT CAUS	ES					
2			(8)	1 Ca	ntation)		***************************************
RISE TO T	S OR CONDITIONS, I	STATING TH					
UNDERL	YING CONDITION LA	ST.	(C)		*****		***************************************
	SIGNIFICANT CONDI					10	
	TO THE DEATH, BUT						
19A. DATE	OF OPERATION 1	98. MAJOR	FINDINGS OF OPER	RATION			20. AUTOPSY?
5		1 215 817	ACE OF INJURY (e.g., i	n or   21c. WHERE DID	(If in Baltimore		YES NO
	DENT WAS UNDER- R CONTRIBUTING DEATH		farm, factory, street, office bldg		(II III Daitimore	orty, give ex	iact iocation)
O. TIME INJURY	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID IN.	JURY OCCUR?		
Macki		m,	WHILE AT NOT WHILE		4.		
22. I hereb	y certify that I at	tended the	deceased from	19/6 to	Mw 14.	195 Q tha	t I last saw the
deceased a	. /////	4195 4	and that death occur	red at 7 (D m., fro	om the causes and	on the da	te stated above
23A. SIGNA	TURE	12 /		38. ADDRESS	1 61	230	. DATE SIGNED
1	ml.	12/1	2000 M.O.	Max Cu	ran //v	1011	inty) (State)
TION, REMOVAL	CREMA-24B. DATE Specify)		24c. NAME OF CEMETE	RY OR CREMATORY 24	o. LOCATION (City,	town, or cou	inty) (State)
Burial	11/17/8		Loudon Park	Cem.	D Balto.		PRESS A
DATE RECEIVE	TRAP	a valuer fr	Villand Co. Address	25 FUNERAL DIRECT	ialauga to	VAL 2 =	Thallo.
311 1 P a	OFO WHILE	Uzlow/	TO THE MALE , AT LE	N/4/VII. X. V.	www.	AWW	2011

Land Alle Williams





7.250	Dyson	
50 9776 BALTIMORE CITY HE	ALTH DEPARTMENT 50 9776	3
BIRTH NO.	E OF DEATH Registered No.	
1. NAME OF PECHASED (Typr or Print Ulreta alvitha) Nes	2. DATE OF 0F DEATH 11/13/50	
A. Baltimore City, Maryland	G. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before adm	
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. City OR TOWN (If outside corporate limits, write INURAL ar	nd give
206 mc Clerred ourt		vnship)
c. Length of stay in Baltimore Affect 60 festos. Days	1206 MC Collecter Court	
Duale 6. COLOR OR RACE 7. STUBLE, MARRIED. WIJOWED, DITORCED (Specify)	8 DATE OF BIRTH 9. AGE (In years in Under I Year last bing day) Months: Days Hours	24 Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OCCUPATION (Give kind of 10B. KIND OCCUPATION INDUSTRY)	1)1. BIRTHPLACE (State or Areign country) 12. CITIZEN OF WHAT COLD	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	•
15. W/S DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO	D'INFORMANT ADDRES.	14 1
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	seelia Haunton 1206 mc Elkery	Ct.
	DE DEATH INTERVAL DE ONSET AND	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	dio Vascular Reuse Drian 2	yes
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO		
ANTECEDENT CAUSES	2. more of training	
DISEASES OR CONDITIONS, IF ANY, GIVING		
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
(c)		
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED		
TO THE DISEASE OR CONDITION CAUSING IT.		SY?
		но 🗌
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., et		1)
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	21F. HOW DID INJURY OCCUR?	
m.   WORK AT WORK 22. I hereby certify that I attended the deceased from	1949, to 11- 13, 1950, that I last sa	w the
deceased alive on 11-13, 1950, and that death occurr	red at 10 P. m., from the causes and on the date stated of	
23A. SIGNATURE HP Harden 23	3B. ADDRESS A FRANCOM & 23C. DATE SIG	CNED
M. D. 1		. 0
246 BURIAL, CREMA- 24B. DATE 246. NAME OF SEMETER	RY OR CREMATORY 24d. LOCATION (City, town, or county)	. 0
TION REMOVAL (Specify) 11/16/50 LT. alva	per l. a. Country led	- 20
248 BURIAL, CREMA 248. DATE 248. NAME OF GEMETER 110M REMOVAL (Specify) 11/6/50 LT. CALVA DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERO DIRECTOR C SADDRESS	- 20
DATE RECEIVED BY REGISTRAR'S SIGNATURE	per l. a. Country led	- 20



### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50	9777

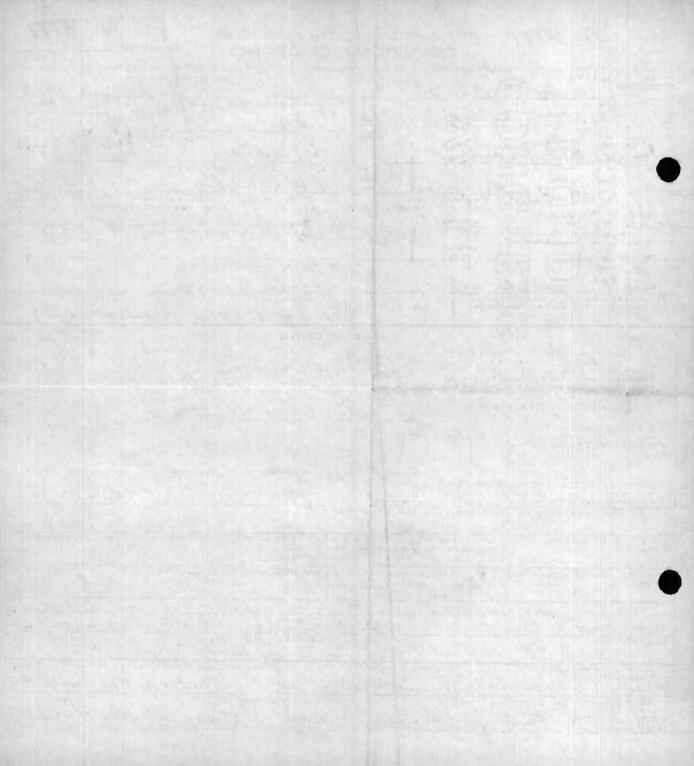
Registered No .\_\_ 2. DATE 1. NAME OF DECEASED DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH A. STATE B. COUNTY before admission) A. Baltimore City, Maryland (If not in hospital or institution, give street address or (If outside corporate limits, write RURAL and give C. CITY OR TOWN LTIMORE D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 9. AGE (In years 6. COLOR OR RACE 7. SINGLE, MARRIED last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Give kind of) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Jouseunte 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME SOCIAL SECURITY NO CAUSE OF DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) .... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? ND. TIME (Month) (Day) (Year) (Hour) 22. I hereby certify that I attended the deceased from Nor 1- , 1950, to New 13- , 1960, that I last saw the 1950, and that death occurred at 3-30 Pm., from the causes and on the date stated above. deceased alive on Nev-13 23c. DATE SIGNED 23B. ADDRESS 23A. SIGNATURE 24D. LOCATION (City, town, or county) 24C. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE

DATE RECEIVED BY LOCAL REGISTRAR

FREdERICKHUS BALIO

25. FUNERAL DIRECTOR

BURIAL



4-265 Registered No. 9778 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (R outside corporate limits, write RURAL) and give C. CITY OR TOWN INSTITUTION Yrs. (If rural, give location) Mos. hgth of stay in Baltimore Days 6. COLOR OR RACE 5. SEX ff Under 1 Year 7. SINGLE, MARRIED 9. AGE (In years) If Under I Year If Under 24 Hours

(a) last birthday) Months: Days Hours Min. If Under 24 Hours WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekindnf) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dope during most of working life, even if retired) INDUSTRY WHAT COUNTR **-**C∧ 14. MOTHER'S MALDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or unknown) (If yes, give war or dates of strylce) 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no or unknown) INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) .... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in pr about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING N OR CONTRIB-INJURY OCCUR? UTING IT CAUSE OF DEATH. Druid Hill Avenue & Retreat Street Street 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NOT WHILE vember 11, 1950 12:15Pm Pedestrian struck by auto WORK

thereon and from

22. I certify that I took charge of the remains described above, held an Mapelianthy Autorsy, Inspection or Equiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes  $\square$ , accident  $\square$ , suicide  $\square$ , homicide  $\square$ , undetermined  $\square$ .

23B. CHIEF MEDICAL EXAMINER ...... 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER .... MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) 24B DATE

unal DATE RECEIVED BY OCAL REGISTRAR

ADDRESS REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR

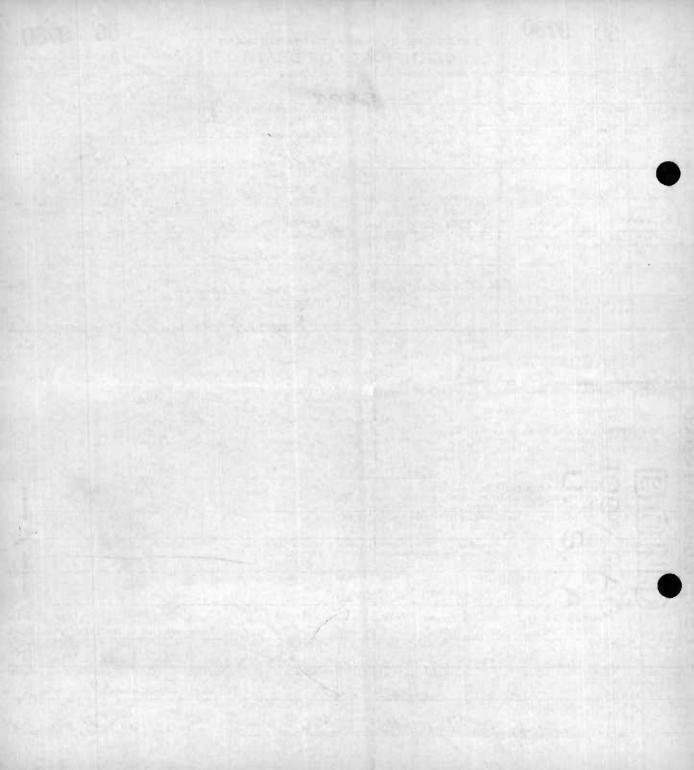
- 260 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE Nov. 12, 1950 GEORGE BOOKER OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Baltimore City Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 309 N. Pine St. ngth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years If Under I Year I I Under 24 Hours last birthday) Months: Days Hours: Min. 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Colored Male emape W 10A. USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTR Cd. Co ince 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Cerebral contusion and hemorrhage (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused dcath.) DUE TO ANTECEDENT CAUSES (a) Multiple pulmonary abscesses CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c) Aspiration pneumonia OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES X MEDICAL 2 Ic. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING M OR CONTRIB. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Myrtle St. & Mulberry UTING EL CAUSE OF DEATH. Street 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY WHILE AT Pedestrian struck by truck Nov. 4. 1950 6:50 A m. AT WORK L WORK Autopsy 22. I certify that I took charge of the remains described above, held an . thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural eauses [], accident A, suicide [], homicide [], undetermined []. 23A, SIGNATURE 23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER. Nov. MEDICAL INVESTIGATOR. 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24D. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR Toutuston Holliquile, Mil 93010

### BALTIMORE CITY HEALTH DEPARTMENT

50 9780

3	IRTH NO.			CERTIFICAT	E OF DEAT	H Regi	stered No		
1.	NAME OF D	ECEASED	1			2. DATE	1		
T)	Type or Print)	1	ORA	MILLES	ON	OF DEATH	14 No	v 50	
	PLACE OF DE	EATH: City, Maryland				ENCE (Where deceased	d lived. If instit:	ution : residence before admiss	
3.	FULL NAME	OF (If not in hos	pital or institu	ion, give street address or		//			,,,,,
4	OSPITAL OR	Good Same	witan H	ospital location)	C. CITY OR JOWN	(If outside corpo	rate limits, wri	te RURAL and	give
ij	A	127 N. Ca	<u> </u>	<b>—</b> .	B100		7-0	towns	
1		0-1,00	our s.	Yrs.	D STREET ADDR	ESS (If rural, give loo	ration)		
٥.	Length of st	tay in Baltimore		Mos. Days	/	Ergonne	Driv	e	
5.	SEX	6. COLOR DE RAC		E. MARRIED.	8. DATE OF BIRTH	9. AGE (In	years If Under 1	Year   If Under 24	Hours
-	female	White	1 Wi	VED. DIVORCED (Specify)	march 20	last birtl	Months:	Days Hours 1	Min.
C	A. USUAL OC	CUPATION (Give kind	of TOB. KINI	OF BUSINESS OR	11. BIRTHPLACE	State or foreign country		CITIZEN OF	
78 3	a done during most o	f working life, even if retire	ed)	INDUSTRY	mary	and	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	WHAT COUNT	IRY1
3	FATHER S N	IAME			14. MOTHER'S MA				
			Card.	vallader	7- (	0			
_				vaccaser	mary	Leese			
Co	. WAS DECEASE	D EVER IN U. S. ARM (If yee, give war or d	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRE	SS	
			,	SECORITI NO.	Virginia	2 chopper 1	1370-	6-1204	Do.
1	10 1/00		-			6 care	22 / w	STERVAL BETY	MEEN
	18. 422	1 1		CAUSE	OF DEATH			DISET AND DE	EATH
-	DISEAS	E OR CONDITION	DIRECTLY	0 0	-0				
	(This does	LEADING TO DE	e of dying, e.		ral etro	nfosis			
	heart failu	re, asthenia, etc. It n complication which	neans the diseas	se,	0 0				
	injury or	complication which	caused deat	") mar	hed arte	riosclerat	Tie !		
		ANTECEDENT CA	USES		0 -	0			
1	DICEACE				lis-vascu	la aise	· ·		******
		S OR CONDITIONS HE ABOVE CAUSE (			chronie	myocardit	-		
	UNDERLY	ING CONDITION	LAST.						
		11		(C)					
		IGNIFICANT CON			-		C911-2		
,		TD THE DEATH, BU			4			***************************************	
		F OPERATION		FINDINGS OF OPER	ATION			20. AUTOPS	Y?
		0						YES NO	, 🔲
)	21A. ACCIDE	NT, SUICIDE, (Specify)		ACE OF INJURY (e.g., i	n or   21c. WHERE D	OID (If in Baltimo:	re City, give e	xact location)	
1	HOMICIDE	(Specify)	about home,	farm, factory, street, office bldg.,	te.) INJURY OCCU	R?			
	P. TIME (	Month) (Day) (Yes	ar) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?			
	I NO OKT		m.	WHILE AT WORK AT WORK					
					-0	9. 14 1/2.	10 10.1		. 7
	22. I hereby	y certify that I o	ittended the	deceased from 15 and that death occur	19 /	1 to 17 1000	, 19_5, the	it I last saw	the
			19 36.			, from the causes a			
	28 SIGNAT	URE /	11	. 1 2	3B. ADDRESSA	/11	23	C. DATE SIGN	-
	m	1 J4. A	Henn	ug / M.D. (		aus War	1 1/3	Nov 5	non-market
2 4	4A. BURIAL. C	REMA- 248. DATE		24C NAME OF CEMETE	RY OR CREMATORY	240. LOCATION (C	ty, town, or co	unty) (Str	ate)
1(	ON, REMOVAL (S Burea	e 11/	6/1-	Rose 1	1.08	Cumbe	cland	Th.	0
7	ATE RECEIVE	D BY   REGISTEA	R'S SIGNATI		25. FUNERAL DIR			DRESS	
	CAL REGIST		R S SIGNAT	CONTRACTOR OF THE PARTY OF THE	An To	0 0		^	2 6
			W 10	1 4 6 6 6 6 6 6 CM	111111111111111111111111111111111111111			/ K /// /	# 1de

093d



A-216 CERTIFICATE CORT	KEUIED 11-21-50	אסמים
00 0:01	EALTH DEPARTMENT	9781
CERTIFICAT	E OF DEATH Registered No.	
Type or Print) Bun A Astonnes AS	HBOURNE 2. DATE OF DEATH November	Dea 14 1950
Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If insti	
3. FULL NAME OF (If not in hospital or institution, give street address or location)	Magyland B41.	timore
NSTITUTION PINECREST SANATORIUM	C. CITY OR TOWN (If outside corporate limits, wi	the RUKAL and give
Yrs.	D. STREET ADDRESS (If rural, give location)	0 47-
Length of stay in Baltimore S. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	1508   Henry St.	134 # 30 1 Year   It Under 24 Hours
Male while widowed (Specify)		Days Hours Min.
OA. USUAL OCCUPATION (Givekind of retired)  OA. USUAL OCCUPATION (Givekind of IOB. KIND OF BUSINESS OR INDUSTRY	Col	CITIZEN OF WHAT COUNTRY
watchman Free Lance 3. FATHER'S NAME	Northumberland Virginia	4.5.
Wm. Ashbourne	Mary Booth	
5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL (If yes, give war or dates of service)   SECURITY NO.	17. INFORMANT ADDR	RESS
Unknown 212-16-8039	Pinckard Ashbourne Baltin	more, ld.
	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	erios cle Rosis	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	N. C.	
	1' - 1	
ANTECEDENT CAUSES	edice Failure	6 days
	edic Failure	6 days
ANTECEDENT CAUSES  (B)	edice Failure	6 days
ANTECEDENT CAUSES  CAA  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CON-	edic Failure	6 days
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	nily	6 days
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	nily	20. AUTOPSY?
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	RATION (If in Baltimore City, give	YES NO
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OPERATION 19B. MAJOR FINDINGS OPERATION 19B. MAJOR FINDINGS OPERATION 19B. MAJOR FINDINGS OPERATION 19B	RATION (If in Baltimore City, give etc.) INJURY OCCUR?	YES NO
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER About home, farm, factory, atreet, office bidg., about home, farm, factory, atreet, office bidg., TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURR WHILE AT NOT WHILE	RATION  in or 21C. WHERE DID (If in Baltimore City, give etc.) INJURY OCCUR?  EED 21F. HOW DID INJURY OCCUR?	YES NO
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER About home, farm, factory, atreet, office bidg., about home, farm, factory, atreet, office bidg., while AT WORK AT WORK AT WORK	RATION  in or 21C. WHERE DID (If in Baltimore City, give etc.) 1NJURY OCCUR?  ED 21F. HOW DID INJURY OCCUR?	YES NO Exact location)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER About home, farm, factory, atreet, office bldg., about home, farm, factory, atreet, office bldg., while at work  21A. ACCIDENT. SUICIDE. 21B. PLACE OF INJURY (e.g., about home, farm, factory, atreet, office bldg., while at work  21A. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT WORK AT WORK  22. I hereby certify that I attended the deceased from deceased alive on Nov. 19, 19, 50, and that death occur	ration  in or 2 ic. Where DID (If in Baltimore City, give etc.) INJURY OCCUR?  21f. How DID INJURY OCCUR?  21f. How DID INJURY OCCUR?  13 , 19 57 to Nov 14 , 19 57 to rred at 6:15 0 m., from the causes and on the discounter of the causes are discountered or the causes and on the discounter of the causes are discountered or the cause of the causes are discountered or the cause of	exact location)  hat I last saw the late stated above
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 19B. MAJOR	RATION  in or 2 IC. WHERE DID (If in Baltimore City, give etc.) INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  1 19 17 to Nov 14, 19 17 to rred at 6:50 m., from the causes and on the days. ADDRESS	exact location)  hat I last saw the late stated above 3c. DATE SIGNED
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER 19A. DATE (Specify)  21B. PLACE OF INJURY (e.g., about home, farm, factory, atreet, office bidg.,  21B. PLACE OF INJURY (e.g., about home, farm, factory, atreet, office bidg.,  21B. PLACE OF INJURY OCCURR WHILE AT NOT WHILE AT WORK  22. I hereby certify that I attended the deceased from deceased alive on Nov 14, 19.50, and that death occur  23A SIGNATURE  24A. BURNL. CREWAT 4B. DATE 24C. NAME OF CEMETE	RATION  in or 2IC. WHERE DID (If in Baltimore City, give etc.) INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  13 , 19 57 to Nov 14 , 19 57 to rred at 6:50 m., from the causes and on the days.  23B. ADDRESS	exact location)  hat I last saw the late stated above 3c. DATE SIGNED
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 19B. MAJOR FIN	RATION  In or 21C. WHERE DID (If in Baltimore City, give etc.) INJURY OCCUR?  EED 21F. HOW DID INJURY OCCUR?  Tred at 6:50 m., from the causes and on the decay and the causes and on the decay of the causes and decay of the causes and on the decay of the causes and decay of the causes and decay of the causes are decay of the causes and decay of the causes are decay of the causes and decay of the causes are	exact location)  that I last saw the late stated above 3c. DATE SIGNED (State)
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER About bome, farm, factory, atreet, office bidg., about bome, farm, factory, atreet, office bidg., work work Not white AT WORK  21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., about bome, farm, factory, atreet, office bidg., about bome, farm, factory, atreet, office bidg.	RATION  RATION  2 IC. WHERE DID (If in Baltimore City, give etc.) INJURY OCCUR?  2 IF. HOW DID INJURY OCCUR?  1	exact location)  hat I last saw the late stated above 3c. DATE SIGNED
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 19B. MAJOR	RATION  In or 21C. WHERE DID (If in Baltimore City, give etc.) INJURY OCCUR?  EED 21F. HOW DID INJURY OCCUR?  Tred at 6:50 m., from the causes and on the decay and the causes and on the decay of the causes and decay of the causes and on the decay of the causes and decay of the causes and decay of the causes are decay of the causes and decay of the causes are decay of the causes and decay of the causes are	exact location)  that I last saw the late stated above 3c. DATE SIGNED (State)

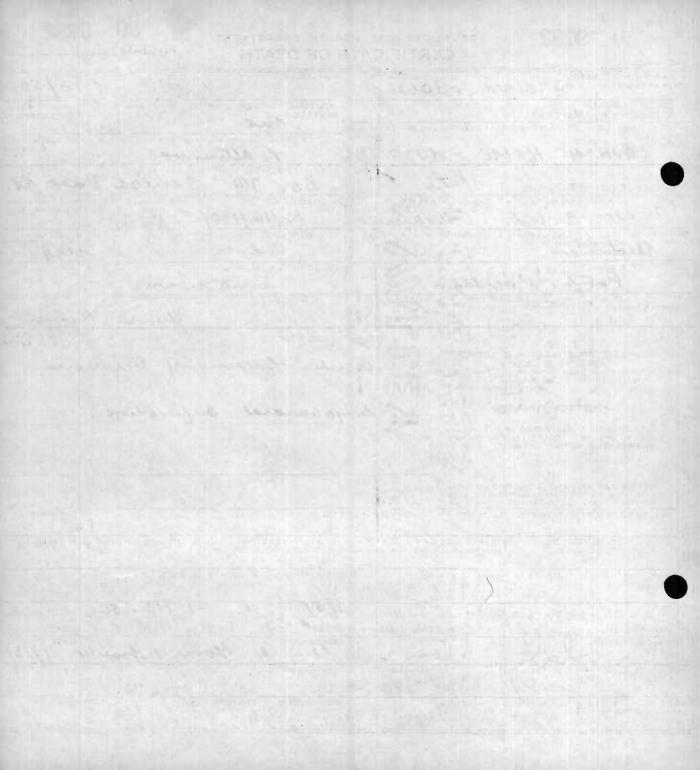
ď

P. H. D. sales not the later which your Fig. 1 northunderland to you TO THE CONTRACT OF THE PARTY OF

P.425					50 0maa
50 978	~		EALTH DEPARTM		5U 9782
BIRTH NO.				0	
Type or Print)		POULSE W.	POULSEN	2. DATE OF DEATH	11/13/50.
B. PLACE OF DEATH: A. Baltimore City, Maryla	and		A. STATE	B. COUI	lived. If institution : residence NTY before admission)
HOSPITAL OR	in hospital or instituti	on, give street address of location			ate limits, write RURAL and give
HURCH	HEME &	HUSPITA	11	then voe	tommobiv.
Length of stay in Balti		Le. Yrs. Mos. Days			ca Park Rt.
Male. W	. WIDOW	MARRIED, ED, DIVORCED (Specify		9. AGE (In y last birthd	ears If Under 1 Year If Under 24 Hours lay) Months Days Hours Min.
OA. USUAL OCCUPATION (or done during most done white life, ever	n if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sta	te or foreign country)	12. CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME	Poulse	Lu.	14. MOTHER'S MAID	EN NAME	
5. WAS DECEASED EVER IN U. es, no or unknown) (If yes, give w	S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO		213-07-932		Chu	ach Home.
heart failure, asthenia, e injury or complication  ANTECEDEN  DISEASES OR CONDI- RISE TO THE ABOVE CA UNDERLYING CONDI-	which caused death. IT CAUSES  FIONS, IF ANY, GIVIN USE (A) STATING TH	(B)	yo consid	Jujan	tion:
OTHER SIGNIFICANT	TH. BUT NOT RELATE	D			
19A. DATE OF OPERATION		FINDINGS OF OPE	RATION		20. AUTOPSY?
21a. ACCIDENT, SUICIDI HOMICIDE (Specify)		CE OF INJURY (e. g., arm, factory, street, office bldg.			YES NO CE City, give exact location)
F INJURY (Month) (Day	V	21E. INJURY OCCURF		NJURY OCCUR?	
22. I hereby certify the deceased alive on	at Lattended the	deceased from	11/0/ 1950	to 11/13	d on the date stated above
23A. SIGNATURE	Islea		23B. ADDRESS	Home t.	Hopelie 1/13/
on REMOVAL (Specify) burial 11	/15/50 0	24c. NAME OF CEMET Oak Lawn Cei		altimore,	Md.
DATE RECEIVED BY REG	ISTRAR'S SIGNATU	Minute, M. J.	RENETERSANDE BALTO.13, MD	20 00 00000,	INC ADDRESS
VS 150	The same of the sa	0 7	· · · · · · · · · · · · · · · · · · ·	/ /	0 00 0

...

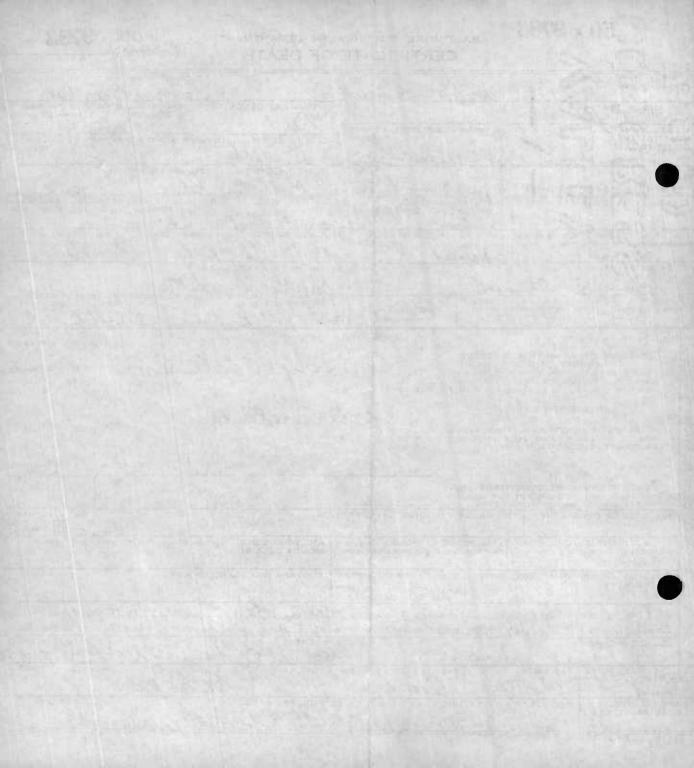
515 3A



G-637 9783

# Horsveh

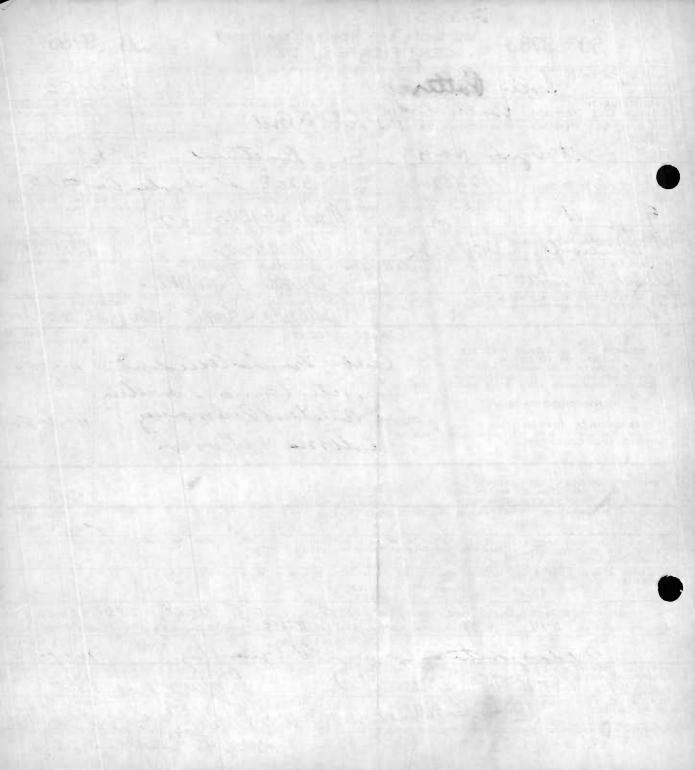
			ВА	CERTIFICAT		THENT	Registere	d No.	3
ВІ	IRTH NO.			CERTIFICAT	E OF DEA	I I I			
	NAME OF DECEAS	1 dlian	n Hei	let Sorque	l		2. DATE OF DEATH /	y Nov.	95-0
	PLACE OF DEATH: Baltimore City, M	Taryland			4. USUAL RESI	DENCE (W	nere deceased lived B. COUNTY		esidence admission)
H	OSPITAL OR	If not in hospit	al or institu	tion, give street address of location		· VN (If o	utside corporate li	mits, write RUR	AL and give
IN	anderson No	using H	me,	Mohawk are	Durch	who			township)
c.	Length of stay in	Baltimore	2 pra	8 mults Mos.	9 N/ M	PRESS (If r	pral give location	5201	
5.	SEX 6.COL	OR OR RACE	7. SINGL	E. MARRIED.	8. DATE OF BIR	ITH UN TO	9. AGE (In years last birthday)	If Under I Year Months Days I	Under 24 Hours Tours Min.
10	A. USUAL OCCUPAT	ION (Givakinda)	Wid	D OF BUSINESS OR	11. BIRTHPLACE	State or for	eign country)	12. CITIZE	N OF
orl	done during most of working	life, even if retired)	Roll	INDUSTR		Ca. M	u d	WHAT	COUNTRY?
13	B. FATHER'S NAME		70		14. MOTHER'S	MAIDEN NA	ME	0.10	
	Wm. L	1. Don	neh		Muthe	a.,	Sulton		
	MAS DECEASED EVER	IN U. S. ARMEI		16. SOCIAL SECURITY NO.	Mus. Roll	V. 10. H	race - 9	North	DI.
	18. 42 A.1			CAUSE	OF DEATH			INTERVA	
	DISEASE OR	CONDITION	DIRECTLY			m	0	ONSET	AND DEATH
	(This does not me		of dying, e.		onary	Occi	usen	10,	menute
	heart failure, asthe				/				
	ANTECEDENT CAUSES and Continued and Continue								
2	DISEASES OR C			NG (B)	LLONG LOOD CO				
- W	UNDERLYING C	ONDITION LA	STATING T	HE DUE TO					
1		11		(C)					
7 7 7	OTHER SIGNIFI TRIBUTING TO TH TO THE DISEASE	E DEATH, BUT	NOT RELAT	LED					
,	19A. DATE OF OPE			R FINDINGS OF OPE	RATION			20. At	TOPSY?
Z)		0	1 00 00		i lote witten	DID ///	in P. Wine Cit	YES	NO
ובחונ	HOMICIDE (Spec			ACE OF INJURY (e. g., farm, factory, street, office bldg		CUR?	in Baltimore Cit	y, give exact lo	cation)
2	D. TIME (Month)	(Day) (Year)	(Hour)	21E. INJURY OCCUR	RED 21F. HOW D	INJURY	OCCUR?		WE TO A
•			m.	WHILE AT NOT WHILE WORK AT WORK					
	22. I hereby certi				March, 19			9.50, that I la	
		VOVI	4. 1950	and that death occ		m., from th	e causes and o	n the date sta	ted above.
	23A. SIGNATURE	. 4	Nin	le M.D.	23B. ADDRESS	5 to	- P8	Non1	E SIGNED
2	4A BURIAL, CREMA-	248. DATE	,000	24C. NAME OF CEMET	ERY OR CREMATOR	RY 240. LO	CATION (City, to	wn, or county)	(State)
(	4A. BURIAL, CREMA- ON REMOVAL (Specify)	16 Nov. 19	950	a ob dan	~	1/2	eto. Med		
D,	ATE RECEIVED BY	REGISTRAR	S SIGNAT	URE	25. FUNERAL D	IRECTOR	11 10	ADDRESS	
6	laurenca		· +-	William ME	Walls /Ju	she Bis	elly, D	undalp	
1	MUVs 130 1330	1 2000	4	SELENCE NEW		The base	(	91/0	
		3	-					1700	



D_42050 9784  BALTIMORE CITY HEALTH DEPARTMENT X  CERTIFICATE OF DEATH  Registered No.	9784
A. SAME OF DECEASED Type or Print)  3. PLACE OF DEATH:  3. Baltimore City, Maryland A. Morb BALTO  3. FULL NAME OF (If not in hospital or institution, give street address or location)  3. FULL NAME OF (If not in hospital or institution, give street address or location)  3. FULL NAME OF (If not in hospital or institution, give street address or location)  3. FULL NAME OF (If not in hospital or institution, give street address or location)  3. FULL NAME OF (If not in hospital or institution, give street address or location)  3. FULL NAME OF (If not in hospital or institution, give street address or location)  3. FULL NAME OF (If not in hospital or institution, give street address or location)  3. FULL NAME OF (If not in hospital or institution, give street address or location)  3. FULL NAME OF (If not in hospital or institution, give street address or location)  3. FULL NAME OF (If not in hospital or institution, give street address or location)  3. FULL NAME OF (If not in hospital or institution, give street address or location)  3. FULL NAME OF (If not in hospital or institution, give street address or location)  4. USUAL RESIDENCE (Where deceased lived, If instance in the property of the proper	before admission)  Write RURAL and give township)  France II Under 24 Hours Is Days Hours Min.  CITIZEN OF WHAT COUNTRY?
CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH, BUT NOT RELATED	INTERVAL BETWEEN ONSET AND DEATH
TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg., etc.)  CAUSE OF DEATH  210. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT NOT WHILE AT WORK  22. I hereby certify that I attended the deceased from 19 to 1	) hat I last saw the
4A. BORIAL, CREMA- LON, REMOVAL (Specify)  BURIAL  MOV. 16 50 ST. STANISLADS CEM DUNDALIS AU  DATE RECEIVED BY OCAL REGISTRAR SSIGNATURE  STEPHEN FIALKOWSKIINK	couvely) (State)

E SOR OF THE WAY DENNITE CLEAR MERNING War to the second state of the second Market State of the Control of the C

2-520	
511 4787	E OF DEATH Registered No. 9785
1. NAME OF DECEASED Dolly 6. Lang	2. DATE. OF DEATH //-/4-5 U
3. PLACE OF DEATH: A. Baltimore City, Maryland Balle md	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give stryct address or location)  INSTITUTION  AT Graph App.	
c. Sigth of stay in Baltimore 40 years Mos. Days	5208 St-Charles Core # 15
5. SEX  6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  10A. USUAL DECUPATION (Give kind of ork down in retired)  10A. USUAL DECUPATION (Give kind of ork down in retired)  10A. USUAL DECUPATION (Give kind of ork down in retired)	IT-BIRTHPLACE (State or foreign country)  12 CVTIZEN OF WHAT COUNTRY?
13. FATHER'S NAME HOW BUTTON & YEAR	14. NOTHER'S MAIDEN NAME OMMA PLANMINE
15. WAS DECEASED EVER IN U, S. ARMED FORCES? Yes, no of unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	Cawara & Long 5208 H. Charles are
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (A) CONDITION TO THE T	Fetri Coma - seulling Sileten Pulmoney  11-13-50  11-13-50
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION   20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	
ZID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from deceased alive on 174, 19 50 and that death occur	rred at 2:23 m., from the causes and on the date stated above.  38. ADDRESS   23C. DATE SIGNED
244 BURIAL, CHEMAN 24B. DATE 1000 AEMOVAL (Specify) 18-1950 ANTIAME OF CEMETE	St. Gues / John 11-14-56
DATE RECEIVED BY REGISTRAR'S SIGNATURE HULLIAND	25 FUNERAL DIRECTOR ADDRESS DANS 231 Kally Park
784 6C	Horace Fr. Burgee 061.0



G-650 9786 BALTIMORE CITY HEALTH DEPARTMENT

50. 9786

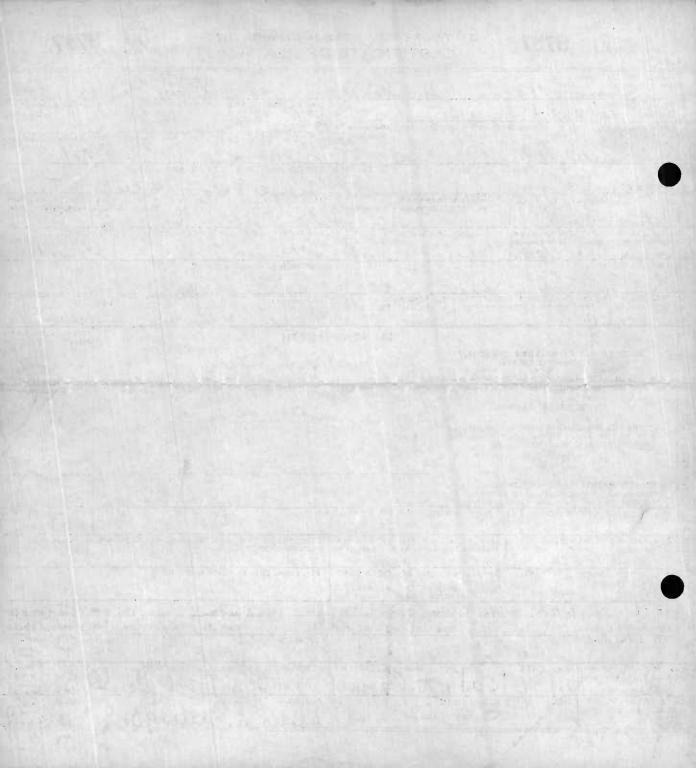
BIRTH NO.			CERTIFICA	TE OF DEATH	Registered I	Vo. 3103
1. NAME OF D	DECEASED				2. DATE	/ ,
(Type or Print)	Mrs.	Ella C	alder Grimm		OF DEATH	14/50
3. PLACE OF D	DEATH: City, Maryland			4. USUAL RESIDENCE (	Where deceased lived, if B. COUNTY	institution: residence before admission
B. FULL NAME		al or institut	ion, give street address			active dames on
HOSPITAL OR			locatio	c. CITY OR TOWN	lf outside corporate limit	s, write RURAL and give township
00	3431 Kes	wick Ro	ad		more /3"	Ob townsmip
		1.0	Yrs Mos			
	stay in Baltimore		Day Day	8 11	Keswick Road	
5. SEX	6. COLOR OR RACE	MIDON	E, MARRIED. ED, DIVORCED (Speci	8. DATE OF BIRTH	9. AGE (In years   last birthday) Mo	I Under I Year   If Under 24 Hours onths Days   Hours   Min.
Female	White	Wido		Jan. 27, 1882	68	
work done during most	CCUPATION (Give kind of of working life, even if retired)	10B. KINE	OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or	foreign country)	WHAT COUNTRY
At Home				Maryland		USA
13, FATHER'S	Control Section Control Section 1999			14. MOTHER'S MAIDEN		
Leonard				Mary Frances Sta	andiford	
15. WAS DECEAS (Yes, no or unknown)	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
(Yes, no or unknown) NO				Robert H. Smith	1 3437 Keswi	ick Road
18. / /	FFV	1.09	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEA	SE OR CONDITION	DIRECTLY	0		0 0 0	ONSET AND DEATH
	LEADING TO DEA	TH	. Ca	remometories,	Jeneraleze	of 3 mouttes
heart fail	ure, asthenia, etc. It mes	ns the diseas		,	0	
injury or	complication which	aused death				
7	ANTECEDENT CAUS	SES		Primary Ca reinom	aLiver	
	S OR CONDITIONS, I					
RISE TO UNDERL	THE ABOVE CAUSE (A)		HE DUE TO			(over)
2						
	II		(C)			
OTHER TRIBUTIN	SIGNIFICANT COND.					
	OF OPERATION A 1		FINDINGS OF OP	FRATION	•••••	20. AUTOPSY?
A ISA. DATE	More.	9B. MAJOR	FINDINGS OF OF	ERATION	none	YES NO X
21A. ACCID HOMICIDE	ENT, SUICIDE.		CE OF INJURY (e. g		(If in Baltimore City,	
HOMICIDE	(Specify)		farm, factory, street, office bld	g.,etc.) INJURY OCCUR?		
>	(Month) (Day) (Year)		21E. INJURY OCCUR	RED 21F. HOW DID INJUI	RY OCCUR?	
FINJURY			WHILE AT NOT WHI	LE		
		m.	WORK L AT WOR		2 13	
22. I herel	by certify that I att	ended the	deceased from	lept: 1950, to 1	Wr. 13 , 192	Sthat I last saw th
		_, 19_5_0	and that death occ	urred at 743 a.m., from	the causes and on t	he date stated above
23A. SIGNA		reml	DAAR	23B. ADDRESS	Esto Bloke	23c. DATE SIGNED
24A. BURIAL,	0.00			TERY OR CREMATORY   24D.	LOCATION (City, town	or county) (State)
TION, REMOVAL (	Specify)					
Burial DATE RECEIVE	Nov. 16.	1950 I	Parkwood	25. FUNERAL DIRECTOR		Maryland ADDRESS
LOCAL REGIS		water	Vollians, M.S.			
1 1 3 13 3 1		4		Burgee Funeral		Falls Road
VS 150				KMARO.	F. Durgee	111 =
				Iround !	, , , , , , , , , , , , , , , , , , , ,	761

If greatle, elease state a more definite auntonical location. of the malynant turner? See Document File 50-9786 But I ventil School H. Sedelle Village House Street Brown Con. Milwinston Less the Paris of the Paris of M-264

50 9787 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.	9787
BIRTH NO.	
Type or Print) James Thamas Mc Grail 2. DATE OF DEATH Mar	13 1950
B. PLACE OF CEATH:  A. Baltimore City, Maryland /200 Valley Street A. STATE  B. COUNTY	nstitution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, alve street address or location) C. CITY OR TOWN (If outside corporate limits, NSTITUTION )	
gettle sisters of the Paar Baltimore 2.	township)
Yrs. D. STREET ADDRESS (If rural, give location) Mos. Days  1216 5. C 6 IN TO 1	VST.
5. SEX   6. COLOR OR RACE   7. SINGLE; MARRIED.   8. DATE OF BIRTH   9. AGE (In years)   11	Under I Year   If Under 24 Hours ths: Days   Hours   Min.
OA. USUAL OCCUPATION (Givekipd of ,10B. KIND OF BUSINESS OR 1. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
Markey Can Co. Laborer (Marking life, even if refirm Laborer) Baltimore Md.	UNHAT COUNTRY!
3. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT AD	DRESS
se, no of dishowing (1. 300, 8170 was of dates of service)   SECURITY NO.	Valley St.
18. 155X CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	6 month
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	
ANTECEDENT CAUSES POLICIAN TO PARTY	140-
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE  DUE TO	
UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21A. ACCIDENT. SUICIDE. 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, atreet, office bldg., etc.) 21C. WHERE DID (If in Baltimore City, given about home, farm, factory, atreet, office bldg., etc.)	ive exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
m.   WORK   AT WORK	\
deceased alive on wor 1, 1950, and that death occurred at, from the causes and on the	
23A. SIGNATURE & GULL HOLLS 23B. ADDRESS	23c. DATE SIGNED
M. D.   M. D.   24D. LOCATION (Gity, town, or Indian Specify) 24D. L	16-
Burial 11/6/50. WT, Carmel Cemelay 3 /12 O donn	W SY DANG
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR 100 AUGUST WILLIAM 100 AUGUST 100 AUGUS	Coukly St
VS 150	

97030

046 f

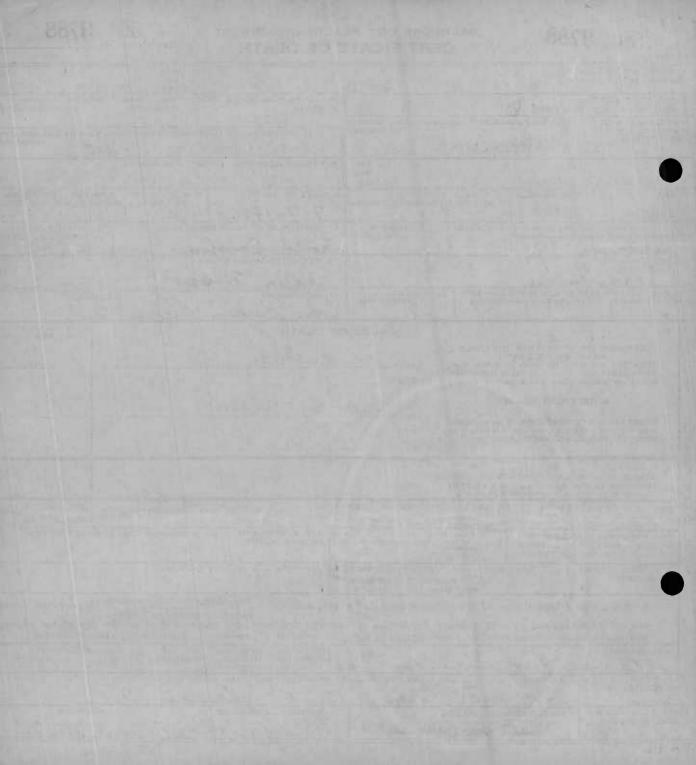


### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

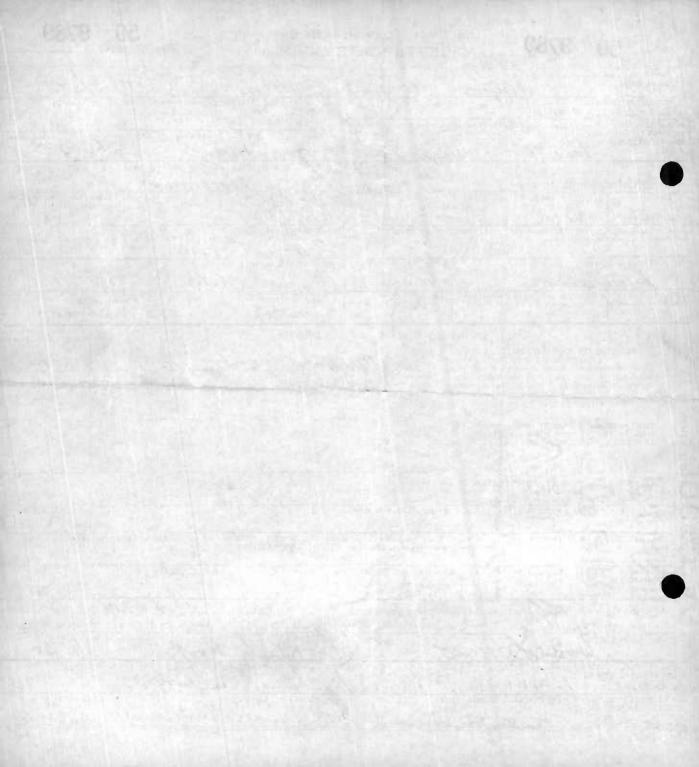
50 9788

124a

UC BIRTH NO.	3700	CE	RTIFICATI	E OF DEATH	Registe	ered No
1. NAME OF E (Type or Print)	DECEASED MARY	ANNE	GURKIN		2. DATE OF	Nevember 12 1076
3. PLACE OF E		AMME	GUIMALII	4. USUAL RESIDEN		November 13, 1950  ved. If institution: residence  TY before admission
B. FULL NAME HOSPITAL OR INSTITUTION			ve street address or location)	c. CITY OR TOWN	(If outside corporat	e limits, write RURAL and giv
c enoth of	stay in Baltimore	0 001000	Yrs. Mos.		s (If rural, give locati Lbemarle Stree	
5. sex		7. SINGLE, MAI WIDOWED, D	Days RRIED. IVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In yes	
10A. USUAL OC	CCUPATION (Give kind of tof working life, even if retired)	108. KIND OF E	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sta		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S	NAME / .			14. MOTHER'S MAIL	DEN NAME	1 00.3 17
	ED EVER IN U. S. ARMED	FORCES? 16.	SOCIAL SECURITY NO.	17. INFORMANT	kin Grela	ADDRESS
(This doe heart fail injury or DISEASE RISE TO	ASE OR CONDITION L LEADING TO DEAT: so not mean the mode of lure, astenia, etc. It mean r complication which ca ANTECEDENT CAUSI ES OR CONDITIONS, IF THE ABOVE CAUSE (A): LYING CONDITION LAS	H dying, e. g., s the disease, used death.)  ES  ANY, GIVING STATING THE	(A) Acute	of DEATH alcoholism osis of the 1	iver	ONSET AND DEAT
TRIBUTIN TO THE D	SIGNIFICANT CONDITION TO THE DEATH, BUT NO DISEASE OR CONDITION	CAUSING IT.	DINGS OF OPER	ATION		20. AUTOPSY?
19A. DATE	OF OPERATION   19	B. MAJOR FINE	JINGS OF OPER			YES X NO
UNDERLYIN	NAL CAUSE WAS NG   OR CONTRIB- CAUSE OF DEATH.	218. PLACE O about home, farm, fac	FINJURY (e. g., in tory, street, office bldg., e	tor 21c. WHERE DIE to.) INJURY OCCUR	(If in Baltimore of	City, give exact location)
2 ID. TIME FINJURY	(Month) (Day) (Year) (	Hour) 21E. II WHILE A WORK		21F. HOW DID 1	NJURY OCCUR?	
the evand d	eath in my opinion rature  CREMA-V24B. DATE	said Autopsy, resulted from:	Inspection or I natural causes	Aunquiry, find that s  ☐, accident ☐, so  23s. CHIEF MED  ASSISTANT MED  D. MEDICAL INVES	Autopsy  atopsy, Inspection or In  and deceased died  uicide [], homicide  DICAL EXAMINER	on the day stated above , undetermined
DATE RECEIVE	TRAR	SIGNATURE	iaus, M. 33	25. FUNERAL DIRECT	bottom & Co	ADDRESS Proces City Ind

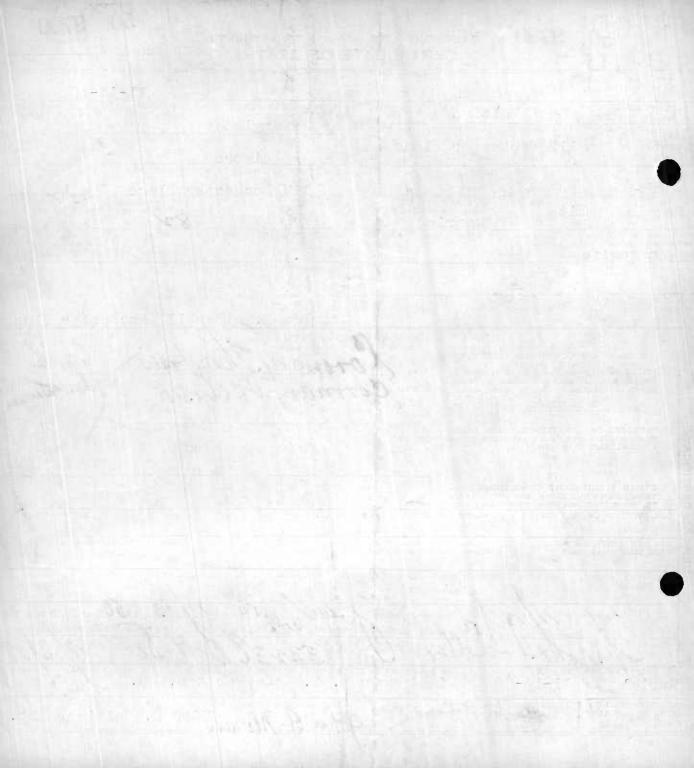


	H-43	55					0 000
В	5 IRTH NO.	0 9789	BAI	CERTIFICATI	E OF DEATH	Register	00 9789 red No
(T	NAME OF D 'ype or Print)	7,	nyra	Virginia	Holman	2. DATE OF DEATH	11/13/50
Α.	PLACE OF D Baltimore (	City, Maryland	tal or institut	tion, give street address or	4. USUAL RESIDENCE (VA. STATE	Where deceased live B. COUNT	
H	OSPITAL OR ISTITUTION	Providen		location)	c. CITY OR TOWN (If	outside corporate	limits, write RURAL and give township
	angth of s	tay in Baltimore		Of Mos.	()	rural, give locatio	n)
-	SEX LMake	6. COLOR OR RACE		E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In year last birthday	rs   M Under I Year   M Under 24 Hours   Months   Days   Hours   Min
1 C worl	A. USUAL OC	CUPATION (Give kind of working life, even if retired		OF BUSINESS OR INDUSTRY	BALTIMIE Y	oreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S N	NAME	-	bolman	14 MOTHER'S MAIDEN N.		
15 (Ye	. WAS DECEASE	ED EVER IN U. S. ARME (If yes, give war or dat	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mother	552	ADDRESS Newtona no
ERTIFICATION	(This does heart failu injury or DISEASE:	SE OR CONDITION LEADING TO DE, a not mean the mode ure, asthenia, etc. It me complication which ANTECEDENT CAL S OR CONDITIONS, HE ABOVE CAUSE (A YING CONDITION t	of dying, e. eans the disease caused death	(B)	gemtal atele.	e fasis	8hr.
CER	TRIBUTING	GIGNIFICANT CONE TO THE OEATH, BUT SEASE OR CONDITION	NOT RELAT	LO .			
EDICAL				FINDINGS OF OPER			20. AUTOPSY?
MEDIC	HOMICIDE	(Specify)		ACE OF INJURY (e. g., in farm, factory, atreet, office bldg., e		I in Baltimore C	lity, give exact location)
2	210. TIME F INJURY	(Month) (Day) (Year		21E. INJURY OCCURRI WHILE AT NOT WHILE WORK AT WORK	21F. HOW DID INJURY	OCCUR?	
	deceased at 23A. SIGNA	live on 11/14		deceased from			19 10, that I last saw the on the date stated above 235. DATE SIGNED
2	REMOVAL S	pecify)	-50	M. Pulu	RY OR CREMATORY 2001	Climal	town, or Jounts) (State)
	ATE RECEIVED CAL REGIST	RAR	'S SIGNATU	Villand M.E	Mostraises	T. Herry	ley w. Biddle
O'	V\$ 150						1612



CERTIFICAT	E OF DEATH Registered No
BIRTH NO.  1. NAME OF DECEASED	2. DATE
(Type or Print) Inna E. Alban	OF 11-13-50
a. Baltimore City, Maryland Baltimore	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	
INSTITUTION 117 Rochester Place	Baltimore / C township)
60 Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Days	117 Rochester Place
Female White T. SINGLE, MARRIED. WIDOWED DIVORCED (Specify)  Married	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year Months Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of More done during most of working life, even if retired)  Housewife	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
?	?
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL (Yee, no or unknown)   (If yee, give war or dates of service)   SECURITY NO.	17. INFORMANT ADDRESS
SECONT I NO.	Charles E. Alban 117 Rochester Place
LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ronary occusing ladateurs
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	
19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
341	YES NO
21a. ACCIDENT. SUICIDE. HOMICIDE (Specify)  21b. PLACE OF INJURY (e. g., i about home, farm, factory, atreet, office bldg.,	
22. I hereby certify that latended the deceased from deceased give on 1,19 10, and that death occur	irred at // Am., from the causes and on the date stated above 23B. ADDRESS 23C. DATE SIGNED
24a. BURIAN CREMAN 24B. DATE 24c. NAME OF CEMETE 110N. REMOVAL (Specify) 11-16-50 Middle town	/ / /
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS

VS 150



1	10		2 24.0						50	9791	
0	, -	50	979	1 BA		HEALTH DEPART	4	Regist	ered No.		
BIE	RTH NO.				CERTIFICA	TE OF BEAT	1				
	NAME OF DI pe or Print)	ECEASI	ANNA	J.	GREBE.			ATE OF ATH	1/-1	13-5	0
	PLACE OF DI Baltimore C	ity, M	aryland			4. USUAL RESID		ceased li			sidence admission)
HO	SPITAL OR	OF (	If not in hospit	al or institu	tion, give street address location		UE or dido	20200000	to limits	- Part	more
INS	O	zh !	agnes	) No	epital	Bal	temo	COLPORA	- K	yrite RURA	township)
C.	nength of st	av in	Baltimore		Yrs Mos Day	. 200 1	Sloon	ive locat	jon)	- a	ne.
	SEX		OR OR RACE		E. MARRIED.	8. DATE OF BIRTI		SE (In ye	ears If Uni	lgi Year   II	Under 24 Hours
10	3.	_	W.		NED, DIVORCED (Spec	10-22-1	882	68	ay)  Month	Days Ho	ours Min.
	done during most o	fyorking	ION (Givekind of life, even if retired)	10B. KIN	D OF BUSINESS OR INDUST	RY 11. BIRTHPLACE	State or foreign c	ountry)	12	WHAT C	OF OUNTRY?
13.	FATHER'S N	ME	00	0		14. MOTHER'S MA	110 2		-		
16	WAS DESEASE	D. EVED	ues	Jan	were die	a dul	la 0-	eu	elel	1	
(Yes,	no or unknown)	(It yes	IN U. S. ARME , give war or date	of service)	16. SOCIAL SECURITY NO	17. INFORMANT	Seche.	ov.	Blu	RESS	ulac
	18. 1/2	-5.	1		CAUSI	OF DEATH					BETWEEN
	- /		CONDITION	DIRECTLY						ONSET A	ND DEATH
	(This does	LEADI not me	NG TO DEAT	TH of dying, e.	s. w Al	PTERIOS	CLEROS	TIC	CA	Paid	
	heart failur	e, astho	nia, etc. It mea ation which c	ns the disea		95CULAR					
						TITABLS				1777	
2		MINIEC	EDENT CAUS	E5	(B) 21	MIENAL	PULM	ow	BRU	508	ma
O			NDITIONS, I		NG HE DUE TO	FEFUSION					
CAT			ONDITION LA		(C)						
은 .						<u> </u>					••••••••••••
RTI	OTHER C	CNIE	II CANT COND	TIONS CO							
ш	TRIBUTING	TO TH	E DEATH, BUT	NOT RELAT	ED						
U	19A. DATE O		OR CONDITION		FINDINGS OF OP	ERATION				20. AU	TOPSY?
A			2							YES C	No M
EDICA	21A. ACCID	CONT			ACE OF INJURY (e. (arm, factory, street, office bld			altimore	City, giv	e exact loca	
Σ -	CAUSE OF I		(Day) (Year)	(Hour) i	21E. INJURY OCCUI	RRED 21F HOW DIE	INJURY OCC	IR?			
	FINJURY		(24) (204)	m.	WHILE AT NOT WHI	LE					
1	22. I herebi	ı certi	fu that I att	ended the	deceased from	11/12 198	2, to 11/1	13	1950	that I las	t saw the
	deceased al					curred at 6:05 m					
	23A. SIGNAT			/	/	23B. ADDRESS				23c. DATE	
	Color	na	7/-	the	Mars M.D.	-NO. C4	ener 1	6621		11/1	3/60
24 TIO	A. BURIAL C	REMA-	24B. DATE		24c. NAME OF CEME	TERY OR CREMATORY	24D. LOCATIO	(City	y, town, or	coynty)	(State)
1	Jusu	1	11-16	-50	Holy	Cederner	Pa	ele	-	1	ref
	TE RECEIVED		REGISTRAR'	S SIGNAT	URE	25. FUNERAL DIF	RECTOR	-1	A	DDRESS	
	ONE REGISTI	NAIK	Thante	aton /	Minuse ME	Deve A 7	apley &	tall	2004	Jy1	484
	VS 150	-0		4			-			3 - 0	
N	JV 1 5199	Uc			E P V P P P P P P P P P P P P P P P P P				09	213	

BIRTH NO 1. NAME OF DECEASED

### BALTIMORE CITY HEALTH DEPARTMENT

50 9792

Registered No. CERTIFICATE OF DEATH 2. DATE (Type or Print) Schmidt DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) (If outside corporate white white RURAL and give INSTITUTION Yrs. ADDRESS (If rural five location) Mos. c. Length of stay in Baltimore Days AG (In years | H Under | Year | H Under 24 Hours | last birthday) | Months Days | Hours | Min. 5. SEX 6. COLOR DR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) USUAL OCCUPATION (Givekind of ACE (State or foreign countr 12. CITIZEN OF WHATCOUNTRY 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If tes, give way or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO. INTERVAL DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from. 1943 to 7 14, 1950 that I last saw the m., from the causes and on the date stated above. deceased alive on 2001.14, 19 0, and that death occurred at 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED BURIAL, CREMA-REMOVAL (Specify) ADDRESS DATE RECEIVED BY 25. FUNERAL DIRECTOR OCAL REGISTRAR VS 150

Limes Same 674 11/105

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No...

1. NAME OF DI	ECEASED .				2. DATE		
(Type or Print)	CEASED .	MARY A	. THOMAS		OF DEATH	Nov. 13	. 1950
a. Baltimore C	eath: lity, Maryland			4. USUAL RESIDENCE	(Where deceased li-	ved. If institution	on : residence :
B. FULL NAME			tion, give street address or location)		A ST		18 11 18
HOSPITAL OR INSTITUTION	2206 Rigg	gs Ave.	iocacion)	c. CITY OR TOWN  Baltimore	(If outside corporat	e limits, write	township)
			Yrs.	D. STREET ADDRESS	(If rural, give locati	on)	
c. Length of st	ay in Baltimo	re	Mos. Days	2206 Riggs A	.ve.		
female	white	WIDO	E, MARRIED, WED, DIVORCED (Specify) r <b>ried</b>	B. DATE OF BIRTH  July 24, 1893			Hours Min.
	CUPATION (Give k		D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)		TIZEN OF
housew			at home	Maryland			
13. FATHER'S N	IAME			14. MOTHER'S MAIDE	NAME		
John G				? Murphy			
(es, no or unknowo)	D EVER IN U.S. A (If yes, give war o	RMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
				Mr. John W.	Thomas, Jr.		
18. /54	7 X I			OF DEATH			ERVAL BETWEEN
DISEAS	E OR CONDITI		Can	cinama 1	Resta	-	
(This does heart failus	not mean the mere, asthenia, etc. It	ode of dying, e.	g., (A)	unama ]	112000		
injury or	complication whi	ch caused deat	h.) DUE TO				
	ANTECEDENT C	AUSES					
	ISEASES OR CONDITIONS, IF ANY, GIVING						
UNDERLY	ING CONDITION	(A) STATING T N LAST.					
<u> </u>			(C)				
OTHER S	II CONTENT CO	NOTIONS OF					
TRIBUTING	TO THE DEATH,	BUT NOT RELAT	rED				
	F OPERATION		R FINDINGS OF OPER	RATION		20	O. AUTOPSY?
man	16 194	4	arcino- 4	1 Rectum		YE	ES NO
	ENT WAS UNDER CONTRIBUTION	110	ACE OF INJURY (e. g., b, farm, factory, street, office bldg.,		(If in Baltimore	City, give exa	et location)
5 I	Month) (Day) (	Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID IN-	JURY OCCUR?		
NJURY			WHILE AT NOT WHILE				
22 / /		m.	WORK AT WORK	12, 1949, to	ner 13	1010 that	I last says the
			e deceased from and that death occur		om the causes and		
23A. SIGNAT		. 1		23B. ADDRESS			DATE SIGNED
	allent	Deags	M. O.		onland 4	h	14 50
24A. BURIAL, CION, REMOVAL (S Burial	pecify)	6/50	24c. NAME OF CEMETE		Balto.		ty) (State)
DATE RECEIVE		RAR'S SIGNAT	URE	25. FUNERAL DIRECT		ADDR	Ess
LOCAL REGIST	RAR	twater	Villianes M. 35	Ilm. INg	1	ars = 10	rallo
VOV+ 549		4	71175				Mid.
יבות ליאפו				V		046d	

PERSONAL PROPERTY OF THE PERSON OF THE PERSO die de la contraction de la co ST. BY AND THE PARTY. AND THE REAL PROPERTY. Mr. Volte Land potential and Cold ... Printer Last the same and the same at the same at

### BALTIMORE CITY HEALTH DEPARTMENT

50 9794

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Charles Henry Jacobs DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Md. HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RORAL and give INSTITUTION township) 2944 Edmondson Ave. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 2944 Edmondson Ave. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years | | Under | Year | | Under | 24 Hours | Iast birthday) | Months: Days | Hours: Min. white male April 6, 1877 married 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) \*INDIVSTRY WHAT COUNTRY? Driller (rtd) Machinery Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John A. Jacobs Elizabeth Ruhl 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mrs. Anna J. Jacobs - 2944 Edmondson Ave. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND OFATH Myocardial Infarction DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arterioscherosis CERTIFICA OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19A. DATE OF OPERATION EDICAL 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT WORK 1950, that I last saw the anuary 22. I hereby certify that I attended the deceased from. deceased alive on 14 ov 14, 19 \$ 0, and that death becurred at : 40 m. from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED mondson Clas BURTAL, CREMA 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24B, DATE TION, REMOVAL (Specify) 11/18/50 Loudon Park Cem. Balto. Md. ADDRESS 25. FUNERAL DIRECTOR DATE RECEIVED BY LOCAL REGISTRAR

AND ROLL AND STREET SAN SAN TONE. metal it if a comment in the comment of the comment

		00 0	DEALTIMORE CITY HE		50	OMO
BI	IRTH NO. 50	0-23993	CERTIFICATI	E OF DEATH	Registered No.	3/35
	NAME OF D		Baby "Mary Battle"	and the second s	OF October	31,1950
	PLACE OF D Baltimore (	EATH: City, Maryland		4. USUAL RESIDENCE (Where		
	FULL NAME	OF (If not in hosp	pital or institution, give street address or location)			
	STITUTION	The Johns H	Hopkins Hospital	c. CITY OR TOWN (If outside Baltimore	de corporate limits, wri	te RURAL and giv township
3	. 5	THE OURIS I	Yrs.	D. STREET ADDRESS (If rural,	give location)	of I
6	ungth of s	tay in Baltimore	Mos.		ondson Avenue	
	SEX	6. COLOR OR RACI	E   7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. A	GE (In years) If Under 1	
	Male	Negro	Single (Specify)	October 31,1950	ast birthday) Months	Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of working life, even if retire	lof 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign		CITIZEN OF
	Infai	nt	- 110001111	Baltimore, Maryland	d	WHAT COUNTRY
13	. FATHER'S			14. MOTHER'S MAIDEN NAME		
		Cornelius E	Battle	Mary Mc Craw		
15 (Ye	. WAS DECEAS	ED EVER IN U. S. ARM (If yes, give war or de	AED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Hospital Records	ADDRE	ESS
CERTIFICATION	(This does heart failt injury or DISEASE RISE TO 1 UNDERL' OTHER STRIBUTION TO THE DESCRIPTION OF THE DESCRI	SE OR CONDITION LEADING TO DE 5 not mean the mode re, asthenia, etc. It m complication which ANTECEDENT CAL S OR CONDITIONS, THE ABOVE CAUSE (A YING CONDITION SIGNIFICANT CON G TO THE DEATH, BU DISEASE OR CONDITION OF OPERATION	N DIRECTLY EATH e of dying, e. g., neans the disease, caused death.)  USES  (B) (B) (C) (C) (C) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D	Menons  Menons  Menons  Menons  Marion		NTERVAL BETWEE NSET AND DEAT
AL	.ox. oxie	V	TOD MADON THE PROPERTY			YES NO
21A. ACCIDENT. SUICIDE. HOMICIDE (Specify)  21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  21c. WHERE DID (If in Baltimore City, give exact location, injury occur?)						xact location)

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

-15

24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county)

22. I hereby certify that I attended the deceased from October 31, 1950 to October 31, 1950, that I last saw the deceased alive on October 31,950, and that death occurred at 8:30A m., from the causes and on the date stated above.

238. ADDRESS

23c. DATE SIGNED 601 N. Broadway 10-31-50

Mancello	amiss
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	

250. SIGNATURE

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

VS 150

ADDRESS

žij

11//0001	E OF DEATH  Registered No.
1. NAME OF DECEASED	I 2. DATE
(Type or Print) Baby Childs "Total"	OF November 2,1950
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence  B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address of	Maryland
HOSPITAL OR INSTITUTION The Johns Henring Hearital	township)
The Johns Hopkins Hospital	Baltimore 2 / / / / / D. STREET ADDRESS (If rural, give location)
Mos.	
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year   If Under 24 Hours
Male white WIDOWED, DIVORCED (Specify Single	
10A. USUAL OCCUPATION (Givekindo! 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
rork done during most of working life, even if retired) - INDUSTR'	Baltimore, Maryland WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Lloyd G. Childs	Lola Y. Vadala
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
Jacobini No.	Hospital Records
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heartfailure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (A)	Inknown Unknown Unknown
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	rativily
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY?
21A, ACCIDENT, SUICIDE, 21B, PLACE OF INJURY (e. g.,	in or   21C. WHERE DID (If in Baltimore City, give exact location)
HOMICIDE (Specify)	
deceased alive on November, 49 50, and that death occur 23A. SIGNATURE  M. D.  24A. BURIAL, CREMA- TION, REMOVAL (Specify)  DATE RECEIVED BY LOCAL REGISTRAR  ALOVA 1 E 10E0  M. D.  REGISTRAR'S SIGNATURE.	rember 2, 1950, to November 2, 1950, that I last saw the carried at 3:30Pm., from the causes and on the date stated above.  238. ADDRESS 230. DATE SIGNED 11-7-50
Vs 150	1572

Call Street and South And the second second second nti- Leist

BIRTH NO. 50-22555

A. Baltimore City, Maryland

c. Bength of stay in Baltimore

10A. USUAL OCCUPATION (Givekindof)

work done during most of working life, even if retired)

1. NAME OF DECEASED

3. PLACE OF DEATH:

B. FULL NAME OF

(Type or Print)

HOSPITAL OR

INSTITUTION

5. SEX

18.

CERTIFICATION

DICA

# Ch. 1600

Yrs.

Mos.

Days

INDUSTRY

9797

Registered No.

CITIVERGIS	
BALTIMORE CITY HEALTH DEPARTMENT	
CERTIFICATE OF DEATH	
	_

OF DEATH	11-14	- 50	M

4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)

C. CITY OR TOWN (If outside corporate finate, wate RURAL and give township)

D. STREET ADDRESS (If rural, give location)

If Under 1 Year 9. AGE (In years) last birthday) Months: Days Hours Min. 10-50

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY

13. FATHER'S NAME

6. COLOR OR RACE

HILBERDIS,

(If not in hospital or institution, give street address or

7. SINGLE, MARRIED

16. SOCIAL

DUE TO

DUF TO

(C)

WIDOWED, DIVORCED (Specify)

Terbry

10B. KIND OF BUSINESS OR

14. MOTHER'S MAIDEN NAME

15. WAS DECENSED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

SECURITY NO.

CAUSE OF DEATH

17. INFORMANT

ADDRESS

injury or complication which caused death.) ANTECEDENT CAUSES

21A. ACCIDENT WAS UNDER-

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN

ONSET AND DEATH

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION /

19B. MAJOR FINDINGS OF OPERATION

218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

20. AUTOPSY

INJURY NOT WHILE WHILE AT WORK

AT WORK

1952, to\_ 22. I hereby certify that I attended the deceased from\_ , 19 50 that I last saw the deceased alive on 11-14 , 19 ... and that death occurred at. 2m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS

24A. BURLAL, CREMA-24B. DATE TION, REMOVAL (Specify)

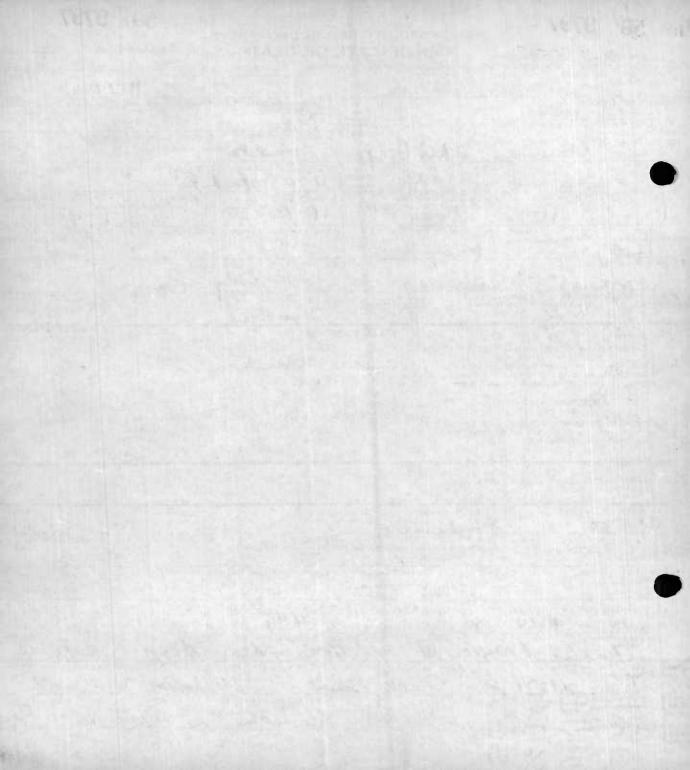
25. FUNERAL DURECTOR

24D. LOCATION

23c. DATE SIGNED

ADDRESS

16-50 DATE RECEIVED BY LOCAL REGISTRAR



BALTIMORE CITY HEALTH DEPARTMENT Registered N CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) BEN SOBRASKI Nov. 11. 1950 OF DEATH S. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR US Marine Hospital location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Miami Wyman Pk. Drive & 31st St. Yrs. D. STREET ADDRESS (If rural, give location) 20 days Mos. 2500 NW- 18th Terrace length of stay in Baltimore 5. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years | | Under | Year | last birthday) | Months | Days Hours: Min. 10/29/85 Married 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work dooe during most of working life, even if retired) WHAT COUNTRY INDUSTRY Indiana Master Seafarer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Martin Sohraski Catherine ? 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or ookoown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, oo or ookoown) SECURITY NO. Records- US Marine Hospital Balto. Md. INTERVAL BETWEEN 18. CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Postoperative state exploratory (This does not mean the mode of dying, e.g., 4 days CAL heart failure, asthenia, etc. It means the disease, laparotomy and gastrotomy injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Adenocarcinoma metastatic from More than (8) DISEASES OR CONDITIONS, IF ANY, GIVING stomach to abdominal lymph nodes, la vrs. RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. mesentery and omentum ( primary ERTIFIC resected March 1949) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION... 198 MAJOR FINDINGS OF OPERATION Metastatic adenocarcinoma, generalized, abdominal 11/7/50 (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT

22. I hereby certify that I attended the deceased from Oct. 22 , 19 50 to Nov. 11 , 19 50 that I last saw the

deceased alive on Nov. 11 1950 and that death occurred at 8:202m., from the causes and on the date stated above,

M. D.

US Marine Hospital, Balto, Md.

24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county)

24A. BURIAL, CAEWA-TION, REMOVAL (Specify) DATE RECEIVED BY

REGISTRAR'S SIGNATURE

huntington / Villians, M.

FUNERAL PRECI

ADDRESS

VS 150

23A. SIGNATURE KOM

John L. Wilson, Medical Director

	COF DEATH CONTRACTOR				
Man , as			1707160		
			Tieneral .	THE COLUMN	, , , , , , , , , , , , , , , , , , ,
			10 Hugh	ipes et s	
	BS TOWN (SE	1111	₩: L:		
	t oarsti			-times a	
1. 2. 7		SHAP L			
	The services of the evidence of the services o				
Ladar in the same					
					•
			)	78.	

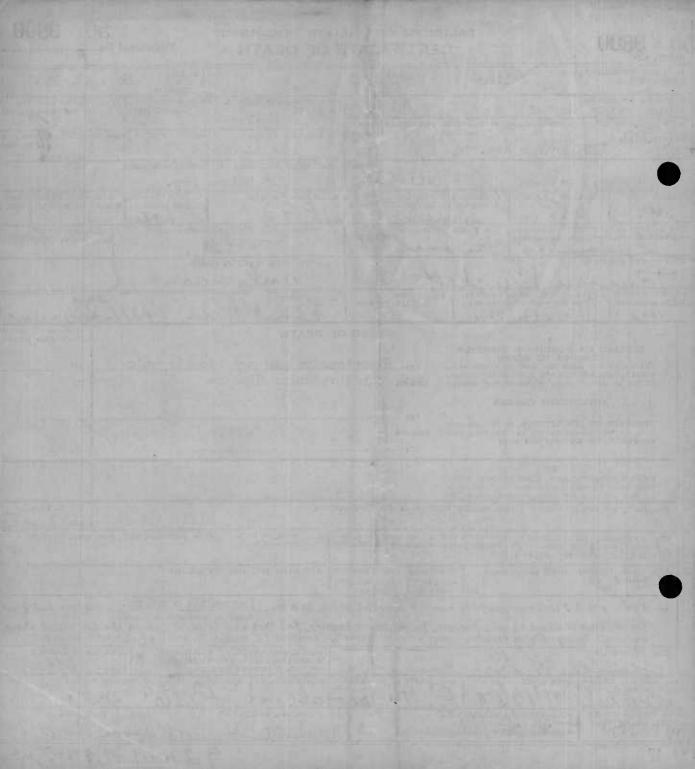
L	50							
0	9799 RTH NO.	9			EALTH DEPARTMENT E OF DEATH	Registered		3799
	NAME OF Dippe or Print)	-1111	OWMA	V	10 to	2. DATE OF DEATH	15-50	9
	PLACE OF DE Baltimore C				4. USUAL RESIDENCE (		f institution	
	FULL NAME	OF (If not in hospit	al or institution	on, give street address or location)		If outside corporate lim	De writanti	P.A. and rive
IN	STITUTION	an Arm.	Il Tue	mland	Ballem	ne 12	5-0	township)
U		0	6	Yrs. Mos.	D. STREET ADDRESS (I	f rural, give location)	2	
	Length of st	tay in Baltimore	7 SINGLE	Days	867 W 31	9. AGE (In years)	H Under 1 Year	H Under 24 Hours
he	male	White	Han	ED, Dty ORCED (Specify)	3-15-09	last birthday)	Ionths Days	Hours Min.
		CUPATION (Give kied of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZ WHA	EN OF T COUNTRY?
13	FATHER, S, N				14. MOTHER'S MAIDEN	NAME, A A		
1	Falter	2 Dist			<	tiffler		
	. WAS DECEASE , no or nnknown)	D EVER IN U. S. ARMED (11 yes, give war or date		16. SOCIAL SECURITY NO.	17. INFORMANT	11	ADDRESS	
ERTIFICATION	(This does heart failu injury or DISEASE: RISE TO TUNDERLY	ISE OR CONDITION LEADING TO DEA'S not mean the mode of the complication which complication complication is a complete with the complete which complete which complete with the complete which complete with the complete which complete which complete which complete which complete with the complete which complete	TH  of dying, e. g  ns the disease caused death.  SES  F ANY, GIVIN STATING TH  ST.  ST.  STONS CON	(B) (B) (C) (C)	physical Vi	Semonts inie	ONSET	AND DEATH
CE	TO THE D	ISEASE OR CONDITION	CAUSING 17		RATION		20.	AUTOBOT?
AL	37.12	V				RULESTIE	YES	
<b>IEDICA</b>	21A. ACCIDE HOMICIDE	ENT. SUICIDE. (Specify)		CE OF INJURY (e. g., i rm,factory,street,office bldg.,		(If in Baltimore City,	give exact	location()
M	F INJURY	Month) (Day) (Year)		HILE AT NOT WHILE WORK NOT WORK		RY OCCUR?		
					- 20-50, 19 , to 1			
	deceased al		2, 19, d		rred at \$10 Rm., from	the causes and on	23c. D/	tated above.
2. TI	AA. BURIAL, CON RESIDENCE (S	CREMA- 24B. DATE	7-150-	4C. NAME OF CEMETE		LOCATION (City, tow		
	ATE RECEIVE	D BY REGISTRAN	SSIGNATU		25. FUNERAL DIRECTOR		ADDRES	if II
	NOV 1 (	31950 4			Trong #1 N	7	7700	
	10 100					0	124	6

V S 151

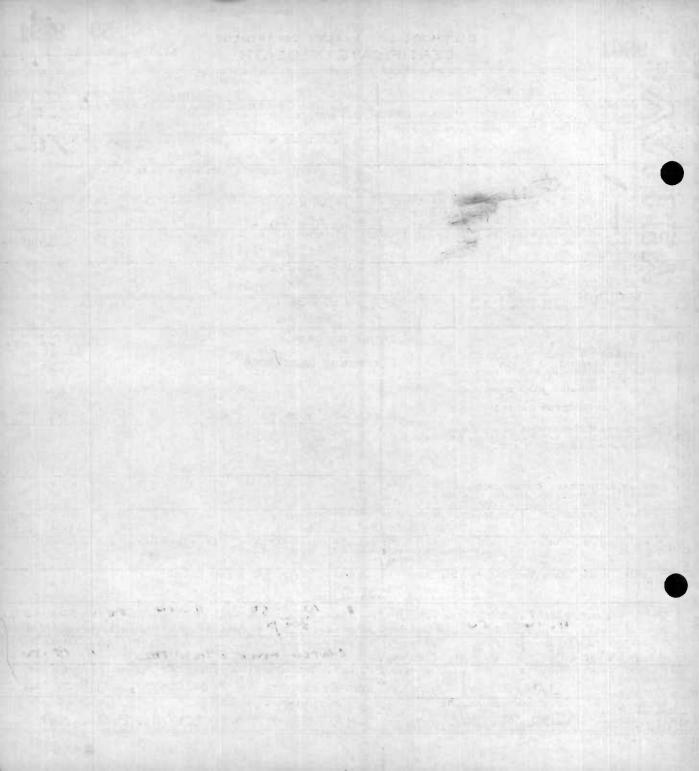
## BALTIMORE CITY HEALTH DEPARTMENT

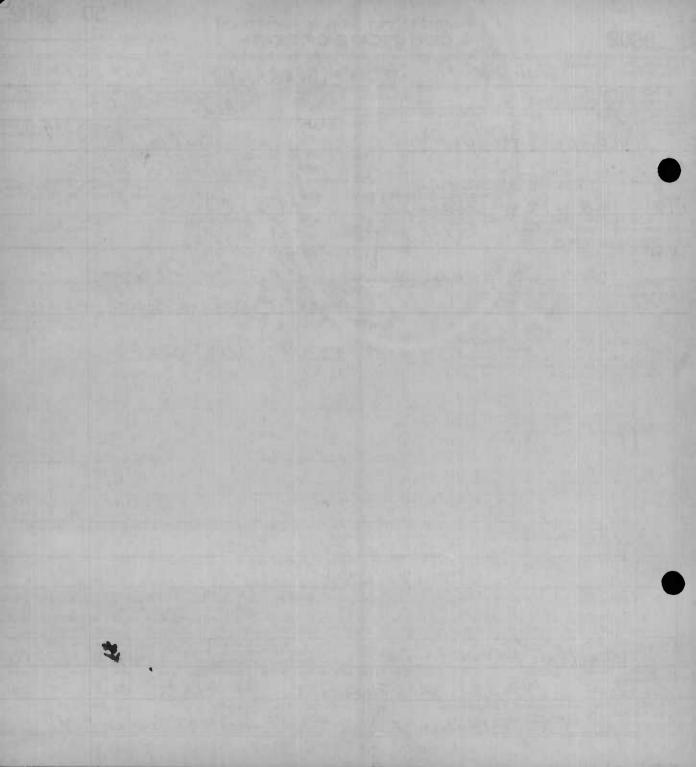
50 9800

9800 BIRTH NO.	CERTIFICAT	E OF DEATH	Registered N	0
1. NAME OF DECEASED (Type or Print) Wa	alter DUCKETI	· ·	2. DATE NOV.	. 13, 1950
a. Baltimore City, Maryland		4. USUAL RESIDENCE (W A. STATE Maryland	here deceased lived. If is B. COUNTY	nstitution: residence before admission)
B. FULL NAME OF (If not in hospit HOSPITAL OR	ital or institution, give street address or location)		outside cornorate imite	wite RURAL and give
1125 McKean	Ave.	Baltimore	6	township)
	Yrs. Mos.	D. STREET ADDRESS (If r		
cngth of stay in Baltimore  5. SEX   6. COLOR OR RACE	OU JU Days	1125 McKean		
m. pop.	WIDOWED, DIVORCED (Specify)	18 98	604m.	ths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired	Mandener INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	1 - 60	14. MOTHER'S MAIDEN NA	ME	
15. WAS DECEASED EVER IN U. S. ARME	ucket.	_ unknow	cur.	
Yes, no or unknown) (If yes, give war or dat		17. INFORMANT	13/L	DRESS
118 443x	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION LEADING TO DEA	DIRECTLY			ONSET AND DEATH
(This does not mean the mode heart failure, asthenia, etc. It me injury or complication which	of dying, e.g., (A)	ensive and arterio ovascular disease	osclerotic	
ANTECEDENT CAU				
DISEASES OR CONDITIONS,	IF ANY, GIVING			
RISE TO THE ABOVE CAUSE (A)	) STATING THE DUE TO			
	(C)		d	
OTHER SIGNIFICANT COND	NOT RELATED			
TO THE DISEASE OR CONDITION	19B. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
21A. EXTERNAL CAUSE WAS UNDERLYING   OR CONTRIB UTING   CAUSE OF DEATH	218. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e		in Baltimore City, gi	
21D. TIME (Month) (Day) (Year INJURY	WHILE AT   NOT WHILE	2 1F. HOW DID INJURY	OCCUR?	
22. I certify that I took cha	rge of the remains described a	hove, held an Inspec	tion & Inq.	thereon and from
the evidence obtained by	said Autopsy, Inspection or I	Autopsy, In quiry, find that said dec	nspection or Inquiry ceased died on the	day stated above,
and death in my opinion  23A. \$\mathre{Q}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\mathre{G}\math	resulted from: natural causes	23B. CHIEF MEDICAL E		determined .
Stane N.	Quelacher M	ASSISTANT MEDICAL E	XAMINER	
24A. BURIAL, CREMA- 24B. DATE	24c NAME OF CEMETE	RY OR CREMATORY 240. LO	CATION (City, town, o	r county) (State)
DATE RECEIVED BY REGISTRAN	S S COALLO' HALL	25. FUNERAL DIRECTOR	Jako "	ADDRESS
LOCAL REGISTRAR	ton Miliams, M. A.	Melropolitan	neral Hom	educt.
V S 151	930,	0 9	27.77.71	rountst.



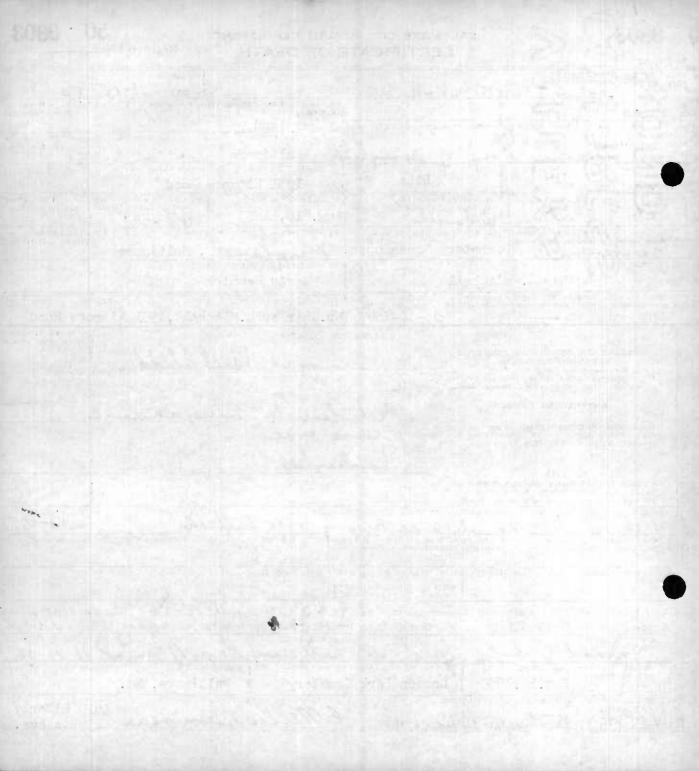
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Nov. 14, 1950 Mrs. Margaret Meigs 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland Church Home & Hosp. K ent before admission) Maryland Chestertown B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give INSTITUTION Church Home and Hospital Chestertown, Maryland D. STREET ADDRESS (If rural, give location) 4 days c. Length of stay in Baltimore Days 6. COLOR OR RACE AGE (In years | H Under 1 Year | H Under 24 Hours | last birthday) | Months; Days | Hours | Min. 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years) WIDOWED, DIVORCED (Specify) J an. 10, 1913 Female Married 10A, USUAL OCCUPATION (Givekind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Baltimore, Md. Teacher 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rhoades Fayerweather . Josephine Kirby-Smith 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Patient INTERVAL BETWEEN CAUSE OF DEATH About DEATH DISEASE OR CONDITION DIRECTLY Secondary carcinoma LEADING TO DEATH
(This does not mean the mode of dying, e.g., 6 months (A) . heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO About. ANTECEDENT CAUSES 8 months Adenocarcinoma of breast CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION Carcinoma of breast, left June 28, 1950 EDICA 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e.g., in or | 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) | INJURY OCCUR? 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) WHILE AT AT WORK WORK , 19, and that death occurred at 30, to 11 . 14 , 1950, that I last saw the 22. I hereby certify that I attended the deceased from\_ A1. 14/ Rm., from the causes and on the date stated above. deceased alive on\_ 23A, SIGNATURE 23c. DATE SIGNED CHURCH HOME TTOSPITAL 11. 15 .50 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY I 24D. LOCATION (City, town, or county) 24B, DATE Baltimore, Maryland Green Mount Crematory 11/16/50 cremation DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR 1217 St. Paul Street VS 150





## BALTIMORE CITY HEALTH DEPARTMENT

BI	RTH NO.			CERTIFICAT	E OF DEATH	Registered	No
1.	NAME OF D	Robert C	N:+	111		2. DATE OF DEATH //-/	15-5-
	PLACE OF D Baltimore (	EATH: City, Maryland	11116	.4611	4. USUAL RESIDEN	NCE (Where deceased lived, I	
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	al or instituti	ion, give street address or location)	COLTY OR TOWN		ts, write EURAL and give
부	Cru	Mun /	Luck	Dife Mos.		(If rural, give location)	
	Length of s	tay in Baltimore	7. SINGLE	Days  MARRIED,	1351 Ki	tmore Road  9. AGE (In years)	If Under 1 Year   If Under 24 Hours
	mile	White	Wido	ED, DIVORCED (Specify)	Aug. 10, 188	last hirthday) M	onths Days Hours Min.
		CUPATION (Give kind of of working life, even if retired)	THE STATE OF	of Business or INDUSTRY ry Greenhouse		ate or foreign country)  Baltimore	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S				14. MOTHER'S MAIL	DEN NAME	
1 6	WAS DECEASE	Luther A. I			Maria Her	nnick	
(Ye	No or naknowa)	(If yes, give war or date	of service)	16. SOCIAL SECURITY NO. 215-10-2597	Mr. Charles I.	.Mitchell,1351 K	itmore Road
	18. )				OF DEATH	· · · · · · · · · · · · · · · · · · ·	INTERVAL BETWEEN
ERTIFICATION	(This does	SE OR CONDITION LEADING TO DEA s not mean the mode of the control of the control of the complication which of the complication will be complicated by the complete the complet	TH of dying, e. g ins the disease caused death	e, .) DUE TO	chair to	sell Bledder	
	RISE TO T	S OR CONDITIONS, INTERPRETATION SERVING CONDITION LA	STATING TH	IG 0	ig time		
TIF		п		_(c)	here		
CER	TRIBUTING	SIGNIFICANT COND S TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	.D			
		F OPERATION 1		FINDINGS OF OPER	RATION Left L	uttack	20. AUTOPSY?
EDICAL	21A. ACCIDE HOMICIDE	ENT. SUICIDE, (Specify)	218 PLA	CE OF INJURY (e. st. i arm, factory, street, office bldg.,			give exact location)
N	21D. TIME F INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK AT WORK		NJURY OCCUR?	
			ended the	deceased from 11-		to.//-/5-50, 19 from the causes and on	
	23A, SIGNA	rure L	aly	A M.D.	hutture	Hosp, A Tramba	23c. DATE SIGNED
TI	Burial (S	Specify) Nov.18,		Loudon Park (		Baltimore, Md.	n, or county) (State)
D	ATE RECEIVE CAL REGIST 10V 1 610	D BY   REGISTRAR	S SIGNATU		E. Willio	СТОВ	ADDRESS 4510 Liberty Heights Ave.
	VS 150			93010	3	046	4



BALTIMORE CITY HEALTH DEPARTMENT 9804556277) Registered No CERTIFICATE OF DEATH BIRTH NO. 50-24629 1. NAME OF DECEASED (Type or Print) 2. DATE Baby Pinkett "Gladys" 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR

DEATH November 12,1950 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give The Johns Hopkins Hospital Rosedale p. STREET ADDRESS (If rural, give location) Yrs. Mos. Davs 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) H Under 1 Year last birthday) | Months Days Hours | Min. November 10,1950 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTR Baltimore, Maryland 14. MOTHER'S MAIDEN NAME Gladys Pinkett 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT Hospital Records 16. SOCIAL ADDRESS SECURITY NO. NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location) 21c. WHERE DID INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from November 10,150, tNov. 12, ,1950, that I last saw the deceased alive on Nov. 12, 1950, and that death occurred at 4:50 An, from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 601 N. Broadway 11:14-50 CEMETERY OF CREMATORY | 24D, LOCATION (City, town, or county) REGISTRAR'S, SIGNATURE 25. FUNERAL DIRECTOR ADDRESS Thursty for / Miland, Mil

VS 150

c. Length of stay in Baltimore

10A. USUAL OCCUPATION (Givekind of

(If yes, give

UNDERLYING CONDITION LAST.

210. TIME (Month) (Day) (Year) (Hour)

19A. DATE OF OPERATION

21A, ACCIDENT, SUICIDE, HOMICIDE (Specify)

HOMICIDE

INJURY

234. SIGNATURE

24A, BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY

work done during most of working life, even if retired)

Infant

13. FATHER'S NAME

(Yes, no or nnknnwn)

18.

RTIFICATION

EDICAL

Female

6. COLOR OR RACE

Rubin Rideout

LEADING TO DEATH

ANTECEDENT CAUSES

	OC STABLE ROLL	DACIFICACIONE DE LA CASTALLA DEL CASTALLA DEL CASTALLA DE LA CASTA
12,10,100		
,		
	A STATE OF THE STA	
	CONTROL OF THE PARTY OF THE	
-		

230			<b>FO</b>	0005			
0000	ERTIFICATE OF	V -	gistered No	9805			
1. NAME OF DECEASED (Type or Print)	4 och schei	2. DATE OF DEAT	H MOV	15,1950			
3. PLACE OF DEATH:  a. Baltimore City, Maryland  b. FULL NAME OF (If not in hospital or institytion,	100 & 4 A. STATE	RESIDENCE (Where decease B. C.	sed lived. If institu	ution : residence before admission)			
HOSPITAL OR INSTITUTION HOLLS TOUTH	In a = A2 \	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)					
c. Ogth of stay in Baltimore	7 Mos.	D. STREET ADDRESS (If rural, give location)					
Temale While Se	MARRIED, D. DIVORCED (Specify)	31-28 last bi	rthday) Months	Year H Under 24 Hours Days Hours Min.			
ork done during most of working life, even if retired)	INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?					
adolph Hochs	cherd M	ara art	Ren	ten			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yee, no or unknown) (If yes, give war or dates of service)	6. SOCIAL SECURITY NO. 17. INFOR	MANTERIS BOPKIES HO	SPITAL ADDRE	SS			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	DUE TO	ACTECIAL ENDI CYANOTIC HI OISEPSE THORACOTOM	BART				
	INDINGS OF OPERATION	OUSERVE		20. AUTOP9 7			
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.)  21b. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.)  (If in Baltimore City, give INJURY OCCUR?							
INJURY m. WHIII	LE AT NOT WHILE DRK AT WORK	OW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 4-28-, 19 500 //- 15-, 19 50 that I last saw the deceased alive on 1/-/5- 19 50 and that death occurred at 3:20 m., from the causes and on the date stated above							
23A. SIGNATURE A. Helse	M. D.	MATE BALTING TO	OLITH	C. DATE SIGNED			
Burial (Specify)  Burial (Specify)  11-18-50	C. NAME OF CEMETERY OR CRE	Cenn.	(City, town, or co	Of it			
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25. FUNE		900 Enta	oress			
VS 150	Sylvanian A.		,	F72			

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Katherine S. Bateman Nov. 15, 1950 DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: 1615 Park Ave. B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or C. CITY OR TOWN (If outside corpor tellinits, write RURAL and give INSTITUTION Baptist Home of Md. Baltimore. D. STREET ADDRESS (If rural, give location Yrs. Mos. 1615 Park Ave. c. Length of stay in Baltimore 3 yrs. Davs 8. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (In years | If Under | Year | If Under 24 Hours | last hirthday) | Months | Days | Hours | Min WIDOWED, DIVORCED (Specify) White March 2. 1860 Female single 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of) 108, KIND OF BUSINESS OR 12. CITIZEN OF rork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Balto. Co. Md. none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Henry Bateman Sydney Ann Shipley 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Records of Baptist Home 1615 Park Ave. INTERVAL BETWEEN CAUSE OF DEATH 18. 422.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH alram ascular disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO lisasis Padvanea ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO 6 mo OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? O. TIME (Month) (Day) (Year) (Hour) INJURY 22. I hereby certify that I attended the deceased from 1930 to Nov 15 1950, that I last saw the deceased alive on Nov 13, 19 3 V and that death occurred at 6 a.m., from the causes and on the date stated above. 23B. ADDRESS 23 N. SIGNATURE 2220 Garrison Blvd.

23c. DATE SIGNED

25. FUNERAL DIRECTOR

24a. BURIAL, CREMA-TION, REMOVAL (Specify) Burial 24B, DATE 11/16/50

24c. NAME OF CEMETERY OR CREMATORY | 24o. LOCATION (City, town, or county)

1900 Eutaw Place

DATE RECEIVED BY LOCAL REGISTRAR

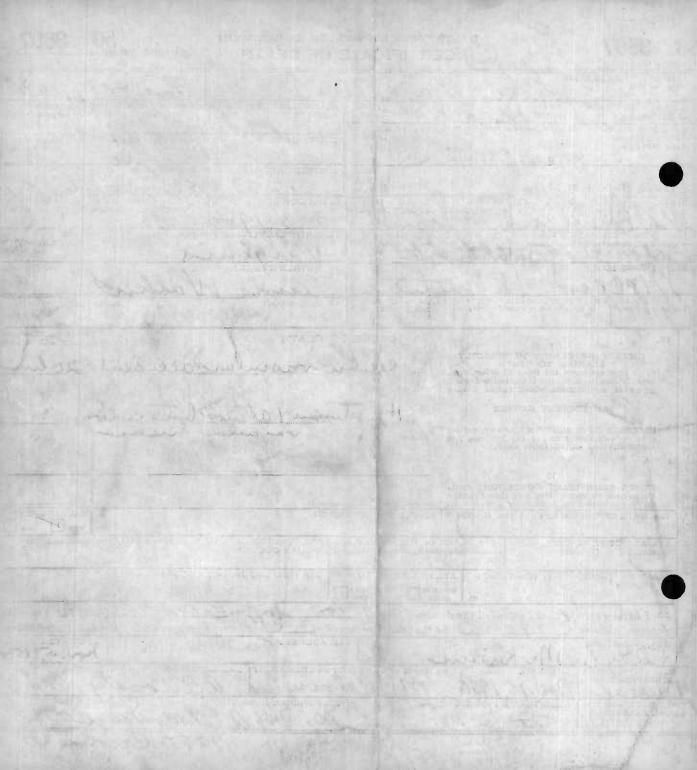
REGISTRAR'S SIGNATURE

Druid Ridge Cemetery

Pikesville. Md. ADDRESS

W. V. Cr. - 11, 1780 W. , was treet, AND TOP OF THE and to the AND THE SAME SHOP STREET, SO IN STREET The second root for the second second .br , alliera la la vera manual la bassa de

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: B. COUNTY A. Baltimore City, Maryland A STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limit , write RURAL and give INSTITUTION township) THE BOPKITS HOSPITH Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days H Under 1 Year 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | # Under 1 Year | # Under 24 Murs last birthday) | Months; Days | Hours | Min. WIDOWED, DIVORCED (Sylecify) OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work some during most of working life, even if setired) INDUSTRY WHAT COUNTRY? 1 range 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. MINS ROPKINS ROSPITT INTERVAL BETWEEN CAUSE OF DEATH 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION EDICA (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 21c. WHERE DID 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE (Specify) ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT 22. I hereby certify that I attended the deccased from 1/- 14 -19 Co to 11-14 - , 19 50 that I last saw the deceased alive on 11 - 14 - 19 50 and that death occurred at 3; 34 m., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23A, SIGNATURE CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL. CREMA-I 24C. NAME OF TION, REMOVAL (Specify) 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

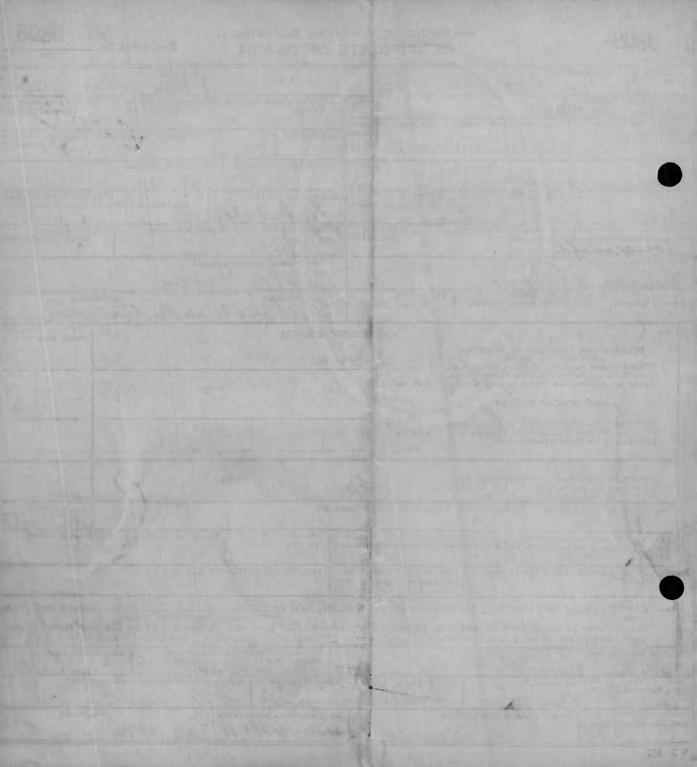


### BALTIMORE CITY HEALTH DEPARTMENT

Registered No CERTIFICATE OF DEATH BIRTH NO NAME OF DECEASED 2. DATE (Type or Print) DEATH November 14, 1950 SUSIE COX 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (1f not in bospital or institution, give street address or Maryland B. FULL NAME OF HOSPITAL OR c. CITY OR TOWN (If outside corporate nits, write RURAL and give INSTITUTION township) Johns Hopkins Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. ngth of stay in Baltimore 1104 Thompson Street Days 5. SEX 6. COLOR OR RACE ! 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years It Under 1 Year It Under 24 Hours last birthday) Months: Days Hours Min. Female Colored scarle IOA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR RTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working lifeven if retired) INDUSTRY WHAT COUNTRY? FATHER'S NAME 15. WAS DECEASED EVER IN C. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL **ADDRESS** (Yes, no or unknown) SECURITY NO. INTERVAL BETWE 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Hypertensive cardiovascular disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Diabetés mellitus TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION NO X (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIB-INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) UTING | CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \( \textbf{\infty}\), accident \( \textbf{\infty}\), swieide \( \textbf{\infty}\), homicide \( \textbf{\infty}\), undetermined \( \textbf{\infty}\). SIGNATURE 23B. CHIEF MEDICAL EXAMINER ..... 1 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER .... MEDICAL INVESTIGATOR. BURIAL CREMA-248, DATE 24D. LOCATION (City, town, or county) 25. FUNERAL DIRECTOR DDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE

V S 151

RTIFICATION

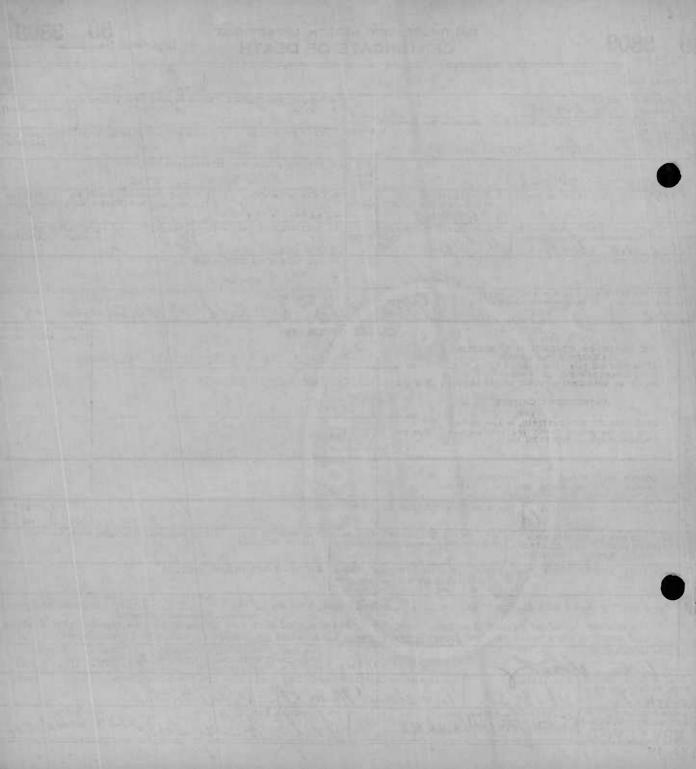


50 0000

I O	980	9	572	CERTIFICA	ATE	OF DEATH	Regist	ered No	3003
	NAME OF Daype or Print)		EDWARD	RAF	F		OF DEATH	November	r 14, 1950
	Baltimore	City, Maryland	`			. USUAL RESIDENCE (Whe	re deceased I		tion : residence before admission
H	OSPITAL OR	OF (If not in hosp	oital or instituti			Maryland CITY OR TOWN (If out	side corpora	e limits, write	e RURAL and give
	ISTITUTION	Union Mem	orial Hos	spital		Baltimore		01	township
c.	egth of	stay in Baltimore		IV.	rs. los.	2820 Beach			
5.	sex Male	6.COLOR OR RAC		MARRIED, ED, DIVORCED (Sp		May 4, 1873	. AGE (In you last birthde	ears If Under 1 1 ay) Months I	Year Hours 24 Hours Days Hours Min.
worl	A. USUAL OC k done daying most	CCUPATION (Give kind of working) file, even if retired to the second of	of 10B. KIND	of Business of Indus	TRY	HAMMSUNG (State or foreign Ammsung )	Pal		ITIZEN OF HAT COUNTRY
			0	Raff		Maknown			
(Ye	o. WAS DECEAS a, no or unknown)	(If you, give war or do	ED FORCES?	16/SOCIAL SECURITY N 2/2-03-93	78	dw. mm Ralf.	77201	Wilson	
ATION	(This doe heart fail injury or DISEASE	LEADING TO DE SE NOT MEAN THE MODILITION TO COMPILE TO THE MEAN THE MODILITION ANTECEDENT CA SE OR CONDITIONS THE ABOVE CAUSE (A) YING CONDITION	ATH of dying, e. gieans the diseas caused death USES IF ANY, GIVIN A) STATING TH	(8)	with		ascular	disease	ð
ERTIFICATION	TRIBUTIN	SIGNIFICANT CON G TO THE DEATH, BU DISEASE OR CONDITION	T NOT RELATE	D					
U	19A. DATE	OF OPERATION	19B. MAJOR	FINDINGS OF C	PERAT	ION			20. AUTOPSY?
EDICAL	UNDERLYIN	NAL CAUSE WAS	about home, fo	CE OF INJURY (earm, factory, street, office I		21c. WHERE DID (If in INJURY OCCUR?	n Baltimore	City, give ex	
M	21D. TIME FINJURY	(Month) (Day) (Yes		TIE. INJURY OCCU	HILE	21F. HOW DID INJURY O	CCUR?		
	the en	vidence obtained b eath in my opinio	n said Anto	neu Inspection	or Ina	ve, held an Inspecti Autopsy, Inspecti uiry, find that said dece a, accident [], suicide []   23B. CHIEF MEDICAL EXA ASSISTANT MEDICAL EXA	ased died, homicide	on the day	y stated above ermined □. TE SIGNED
D	ATE RECEIVED CAL REGIST	D BY REGISTRA	50 3		1m	MEDICAL INVESTIGATOR	ATION (City	town, or cou	
1	IOV 1 CT	050	ALL I LIMITE	175 MA	1/1	THUMKININUWW	HOW!		1000

All summers

NOV 1 6 1950



VS 150

## BALTIMORE CITY HEALTH DEPARTMENT

	JU	98	10
gistered	No.		

IRTH WO. LU	CERTIFICAT	E OF DEATH	registereu r	
NAME OF DECEASED (Type or Print)  Annual (	1.05		2. DATE OF DEATH //~	14-50
Baltimore City, Maryland FULL NAME OF (If not in hospital or insti	tution, give street address or	USUAL RESIDENCE (W	here deceased lived, If B. COUNTY	institution : residence before admission
mueratu Hoshi	tal location)	C. CITY OR TOWN	outside corporate limits	s, write RURAL and liv
gth of stay in Baltimore	Yrs. Mos. Days	278. East	rural, give location)	
	SLE, MARRIED, OWED, DIVORCED (Specify)	Owg 12-80		under 1 Year If Under 24 Hours nths Days Hours Min
DA. USUAL OCCUPATION (Give kind of k dope fluring most of working life of on if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign tountry)	12. CITIZEN OF WHAT COUNTRY
FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
5. WAS DECEASED EVER IN U.S. ARMED FORCES a, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT L.V	letty 278. E.	DDRYSS W am
	0 4 /	OF DEATH	Spiral cord	ONSET AND DEATH
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis-	ease.	I. Oh.	•	5.00
ANTECEDENT CAUSES	(B) S	II Pola	Onica had	Ine course
DISEASES OR CONDITIONS, IF ANY, GI RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	THE DUE TO	multiple m	yeloma	
OTHER SIGNIFICANT CONDITIONS			4	
TRIBUTING TO THE DEATH, BUT NOT RELATED THE DISEASE OR CONDITION CAUSING	ATED hyplox	Water Colored D	Loubbea	20. AUTOPSY?
0				YES NO
			f in Baltimore City, g	rive exact location)
21D. TIME (Month) (Day) (Year) (Hour) SE INJURY	WHILE AT NOT WHILE	ED 21F. HOW DID INJURY	OCCUR?	
22. I hereby certify that I attended to deceased alive on 11-14 1956	he deceased from 10		1-14, 1950	that I last saw th
Edward & Broadle			to cances and on the	23c. DATE SIGNED
Nov. 18, 50	0 100		ylor ave	or county) (State)
ATE RECEIVED BY REGISTRAR'S SIGNA	TURE	25. FUNERAL DIRECTOR	419 m R.	ADDRESS
	NAME OF DECEASED  Type or Print)  PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or instictions)  PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or instictions)  PLACE OF Stay in Baltimore  SEX G. COLOR OR RACE (If Not in hospital or instictions)  PLACE OF STAY (If Not in hospital or instictions)  PLACE OF STAY (If Not in hospital or instictions)  PLACE OF STAY (If Not in hospital or instiction of the institution of the death, but not related the institution of DEATH  21A. ACCIDENT WAS UNDER.  LYING OF DEATH  21A. ACCIDENT WAS UNDER.  LYING OF CONTRIBUTING 19B. MAJO  21A. ACCIDENT WAS UNDER.  LYING OF DEATH  21D. TIME (Month) (Day) (Year) (Hour)  PLACE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour)  PLACE OF DEATH  A. BURIAL, CREMA-  PLACE OF DEATH  PLACE OF DEATH  A. BURIAL, CREMA-  PLACE OF DEATH  PLACE OF DE	PLACE OF DECEASED Type or Print)  PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street addressor location) STITUTION  PLACE OF Stay in Baltimore  SEX G. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  A. USUAL OCCUPATION (Givekind of idopoluring most of working life, spenif retired)  A. USUAL OCCUPATION (Givekind of idopoluring most of working life, spenif retired)  A. USUAL OCCUPATION (Givekind of idopoluring most of working life, spenif retired)  A. USUAL OCCUPATION (Givekind of idopoluring most of working life, spenif retired)  A. USUAL OCCUPATION (Givekind of idopoluring most of working life, spenif retired)  A. USUAL OCCUPATION (Givekind of idopoluring most of working if retired)  A. USUAL OCCUPATION (Givekind of idopoluring most of working if retired)  A. USUAL OCCUPATION (Givekind of idopoluring most of working if retired)  A. USUAL OCCUPATION (Givekind of idopoluring most of industry)  A. USUAL OCCUPATION (Givekind of idopoluring most of industry)  A. WIDOWED, DIVORCED (Specify)  A. BECURITY NO.  CAUSE  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of daying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE  UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CONTRIBUTING IDOpoluring industry i	PLACE OF DEATH PLACE OF DEATH SPITITUTION  SEX  6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED, DIVORCED (Specify) WIDOWED, DIVORCED (Specify)  8. DATE OF BIRTH WIDOWED, DIVORCED (Specify)  WIDOWED, DIVORCED (Specify)  8. DATE OF BIRTH WIDOWED, DIVORCED (Specify)  9. DATE	NAME OF DECEASED  The Place of Death  Baltimore City, Maryland  STATE  PULL NAME OF CIT for in health or institution, give street address.  STATE  STATE  STATE  PULL NAME  STATE  STATE

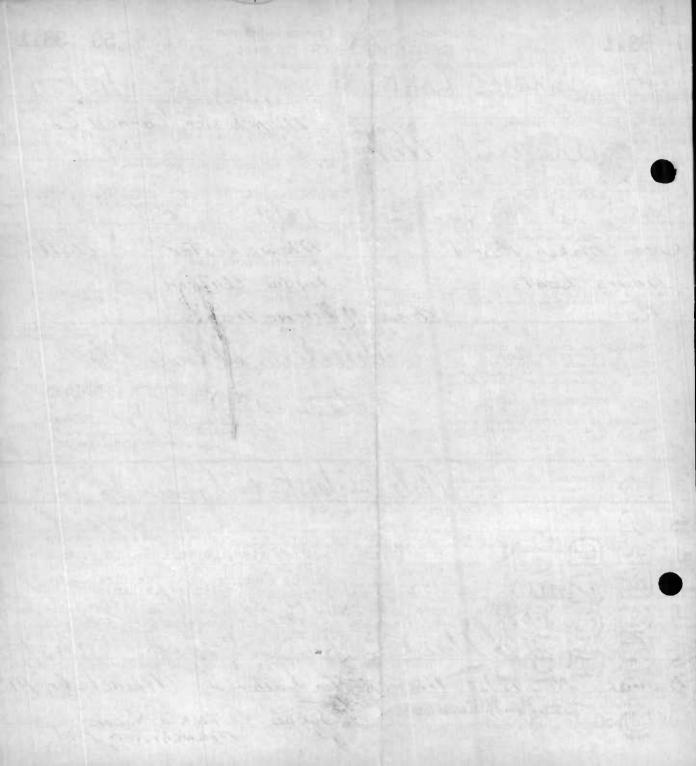
whom a with the shadeness,

0552

- 2 S. East -Studie Danie (O.a.) Decade of the street States language of the state of 

## BALTIMORE CITY HEALTH DEPARTMENT Application 50 9811

DI	DOTT.	CERTIFICATI	E OF DEATH	Registered 1	No OOII
_	NAME OF DECEASED				1
(T:	pe or Print) Charles	LOATS	0.1.	2. DATE OF DEATH	15/50
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL MOLGENCE	(Where deceased lived lf B. COUNTY	institution : residence before admission)
B.	FULL NAME OF (If not in hospital or institu		Marche	- /	.10
	SPITAL OR STITUTION . 7	- / location)	C. CITY OF TOWN	If outside corporate limi	ts, write RURAL and give township)
	W Muchael	4 NOSPO			(0 W IISHAP)
		Yrs. Mos.	D. STREET ADDRESS ()	if rural, give location)	100
	bength of stay in Baltimore 20	ays Days	,	F	0.00
Э,		E. MARRIED. WED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) Me	If Under 1 Year   If Under 24 Hours onths; Days   Hours   Min.
-	YUL WIY	ner jed	1861	89	
vork	4. USUAL OCCUPATION (Give kind of 10B. KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
_(	19an Maken Ketire	1	Marche	ster	4597.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
	LIOUIS LOUTS.		Lydia W	ilson	
15. Yes.	was deceased ever in U. S. ARMED FORCES? no or unknown) (If yes, give war or dates of service)	16, SOCIAL SECURITY NO.	17 INFORMANT		DDRESS
	The.	Rone	Preve ko	als	V
	18. 061 X 1 = 936 .	CALLOR	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		1. +	1.1	ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e.	//////	Iclasis of	lower la	1re
	heart failure, asthenia, etc. It means the dises injury or complication which caused deat	ise,			<i></i>
		a., DOE 10	1_	CERTIFICATION AP	PROVED BY
_	ANTECEDENT CAUSES	101	ames I ha	1/0	
Ó	DISEASES OR CONDITIONS, IF ANY, GIVE	NG (B)	Slaw	len /8 - Her	eleter
F	RISE TO THE ABOVE CAUSE (A) STATING TUNDERLYING CONDITION LAST.	HE DUE TO			M, D,
0		(C)		CHIEF OR ASST. MEDIC	AL EXAMINER.
늗 [			1 ,	1	
2	OTHER SIGNIFICANT CONDITIONS CO	N- / IA /OA	alont. A.	/ //	
ö	TO THE DISEASE OR CONDITION CAUSING		relola ma	io vase oil	ARROO
4	19A. DATE OF OPERATION 19B. MAJOI	R FINDINGS OF OPER	ATION		20. AUTOPSY?
<u>۷</u> -					YES NO L
ă		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	tc.) INJURY OCCUR?	(If in Baltimore City,	
Σ.	CAUSE OF DEATH	home (farm)		Carroll Co., !	Maryland
	21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRI		RY OCCUR?	mo cot
	ctober 29, 1950 (?) m.	WHILE AT X NOT WHILE	While choppin	linter in han	d gov
	22. I hereby certify that I attended the		11 /12 1950 to	22/ -	d, that I last saw the
	deccased alive on 11/15 19 50	and that death occur	red at 7 40 Am., from	the causes and on t	he date stated above
	23A. SHONATURE		3B. ADDRESS	1/	23c. DATE SIGNED
	awen M. Derby	ded M.D.	Hewerich	Hosp.	11/15/50
24	A. BURTAL, CREMA- 24B. DATE	24c. NAME OF CEMETE	RY OR CREMATORY 240.	LOCATION (City, town	or county) (State)
	Runial Nov. 18/10	Marches	Ten Luthonal	Man	chester My
DA	TE DECEIVED BY   DECICEDAD'S MICHAEL	URE	25. FUNERAL DIRECTOR	1,001	ADDRESS/
NI	CAL REGISTRAN	ML ME	06-8/ 1/2	in . C	
M	1019301		Jucob W	INKA NO	MS DOLL
	VS 150 3		11	10 110 h - 110 M	e win



### BALTIMORE CITY HEALTH DEPARTMENT

50 9812

50 98	312		CERTIFICA	TE OF DEAT	.H 1	Registered No_	
NAME OF E		etto D'A	mico			Nove.1	4 1950
	City, Maryland		tern Ave	4. USUAL RESID	ENCE (Where de		tution; residence before admission)
S. FULL NAME HOSPITAL OR NSTITUTION	OF (If not in hosp	ital or institut	ion, give street address locatio			corporate limbs, w	e RURAL and give township)
e. Digth of s	stay in Baltimore	6	O Yrs. Mo	S. 3 CO2 Th		ve location)	
Male	6.COLOR OR RACE	7. SINGLE	MARRIED, FD DIVORCED (Spec	8. DATE OF BIRTI	870 9. AG	E (In years Il Under birthday) Months	Days Hours Min.
OA. USUAL OC	CUPATION (Give kinds	BDSO.	R.R. INDUST	II DAKKI CCCC	State or foreign co Ital		CITIZEN OF WHAT COUNTRY
13 FATHER'S	NAME NEW 7	10000		14. MOTHER'S MA	AIDEN NAME		
5. WAS DECEAS es, no or unknown)	ED EVER IN U. S. ARM	ED FORCES? les of service)	16. SOCIAL SECURITY NO	17. INFORMANT Rita Ribl	ich 160	ADDR 3 Eastern	
(This doe heart failt injury or DISEASE RISE TO UNDERL	SE OR CONDITION LEADING TO DE s not mean the mode ure, asthenia, etc. It me complication which ANTECEDENT CAL ES OR CONDITIONS, THE ABOVE CAUSE (A YING CONDITION  II SIGNIFICANT CON	ATH of dying, e. 1 eans the diseas caused death JSES  IF ANY, GIVIN A) STATING TH LAST.	(B)	te Circle tenose	ne fai lers	Luse	
TRIBUTIN TO THE D	G TO THE DEATH, BU	NOT RELATE	ED T				
	OF OPERATION O		FINDINGS OF OF				YES NO
HOMICIDE  21D. TIME INJURY  22. I hereb	CREMA- 24B. DATE	about home, to r) (Hour)  m.  ttended the  19570.	and that death occurrence.	INJURY OCCU	O INJURY OCCU	3 , 19 50, the sees and on the d	nat I last saw the late stated above. Sc. DATE SIGNED ///5/50 ounty) (State) alt.Md.
DATE RECEIVE	TRAR .	R'S SIGNATU	THE RESERVE OF THE PARTY OF THE	FUNERAL DIE		o 322 S. 1	DRESS High St.

VS 150

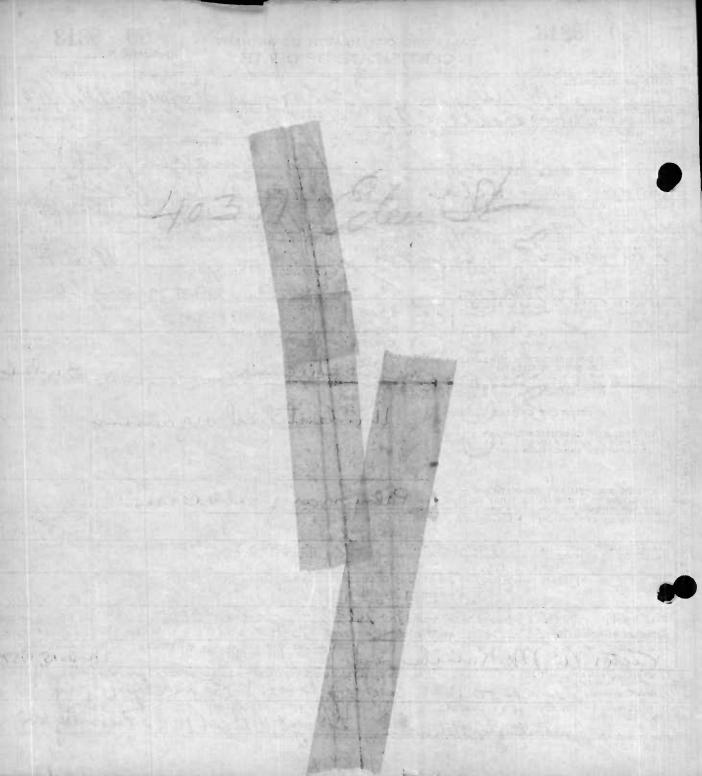
dr. Hornertein 204 8. Bride 2. Cold Married ... The state of the state of 7.7 7 1 Fanitas TORRICCI COLLAR DE LA A SERARDINE D'AMICC ANGELD CIECHINI The Religion of the Santon mund The March State Water NAMES OF THE PROPERTY OF THE P - Jacquel Bello lack . . . . . . . . .

G-6359813

BALTIMORE CITY HEALTH DEPARTMENT

50 9813

١.	BIRTH NO.	OF DEATH	Registered No.	
=	1. NAME OF DECEASED William On	don	2. DATE OF DEATH NOV.	14,90
<u>  </u>	A. Baltimore City, Maryland O. L. C. A.	. USUAL RESIDENCE (Whe		stitution: residence before admission)
}	B. FULL NAME OF (If not in hospital or institution, give street didress or HOSPITAL OR INSTITUTION C.	CAYOR TOWN (1100	tside corporate limits.	write RURAL and give township)
-	Mos.	STREET ADDRESS (If ren	pal, give location)	st
	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8	DATE OF BIRTH	9. AGE (In/years   Hun last birthday) Mont	der i Year   M Under 24 Hours hs: Days   Hours   Min.
7	10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR Work done during most of working life, even if retired) INDUSTRY	BIBTHELACE State or fore	ign country) 12	2. CITIZEN OF WHAT COUNTRY
_	havoror generation	MOTHER'S MAIDEN NAN	E	. S. A.
-	15. WAS DECEASED EVER IN J. S. ARMED FORCES?   16. SOCIAL 17	mma C	romu	DRESS
0	(Yes, no or anknown) (If yes/give wer or dates of service) SECURITY NO.	INFORMANT MASS HOPE	ins hospital	
	DISEASE OR CONDITION DIRECTLY	DEATH		ONSET AND DEATH
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	h cema		3 who
2	Z ANTECEDENT CAUSES (B) Unid	entified o	19 anism	
OIT A	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CON-		2	
TIEL	H (c)			
l is	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		cesses	
140	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION		in Palaina Cia ai	YES NO
AFDI	21a. ACCIDENT. SUICIDE. HOMICIDE (Specify)  21b. PLACE OF (NJURY (e.g., th or about home, farm, factory, street, office bldg., etc.)	INJURY OCCUR?	in Baltimore City, giv	e exact location)
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT WORK AT WORK	21F, HOW DID INJURY	OCCUR?	
	22. I hereby certify that I attended the deceased from 19.2	2 1950, to 11		that I last saw the
		ADDRESS HOPKINS	causes and on the	23c. DATE SIGNED
-	240 BURIAL, CREMA- 24B. DATE 24C. NAME OF AMETERY CONTINUES OF AMETERS	CREMATORY 240 LOC	CATION (City, town, or	The second secon
	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	Con O. Willand	UMA Rea	ADDRESS MAP
=	NOV 16 6 1950 Thurtugton Millians M. 1950	Jo. Willey	1000 pa	V



5-5 30 9814

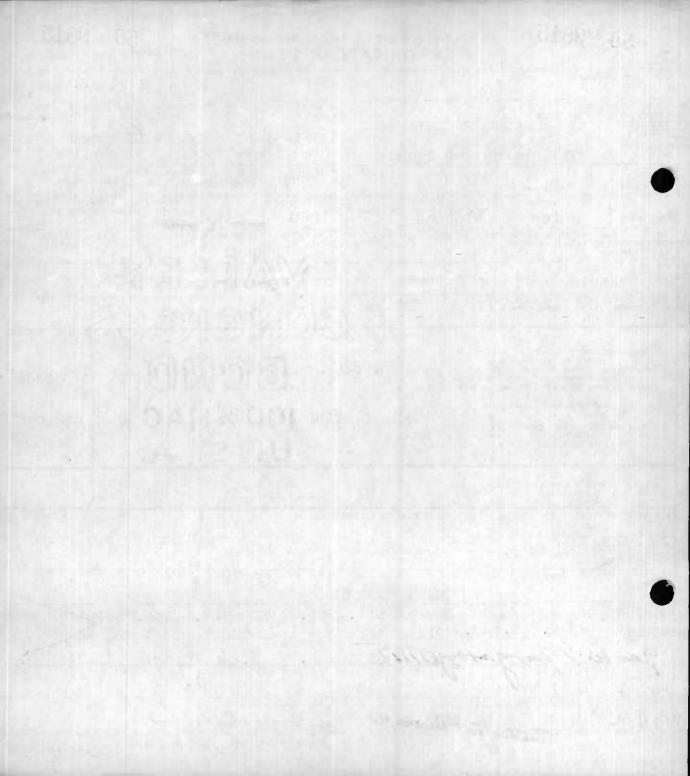
### BALTIMORE CITY HEALTH DEPARTMENT

50 9814

BIRTH NO. CERTIFICAT	E OF DEATH Registered No	0
NAME OF DECEASED Type or Print)	2. DATE OF DEATH	- Jun 1411951
B. PLACE OF DEATH: A. Baltimore City, Maryland Belto, City	4. USUAL RESIDENCE (Where deceased lived, If in A. STATE B. COUNTY	nstitution: residence before admission)
D. FULL NAME OF (If not in hospital or institution, give street didress of location NSTITUTION (If not in hospital or institution, give street didress of location location)	c. CITY OR TOWN (If outside corporate limits,	write RURAL and give township)
Yrs. Mos.	124/5	CT
5. SEX 6. COLOR OR RACE 7. SINGL. MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years)	Inder I Year If Under 24 Hours ths Days Hours Min.
OA. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	1. J.A.
5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	Mamel Smith	DRESS
(If yes, give war or dates of service) SECURITY NO.	TORES GOLFIES BOSLIER	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	OF DEATH	ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	<b></b>	Gwn
ANTECEDENT CAUSES (B) Carla	rioloscleroti neplinti	3
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	li angut ly ruleus	·m ?
OTHER SIGNIFICANT CONDITIONS CON	-0 -0	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE		YES NO
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, at reet, office bldg		ve exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR!  MILE AT WORK AT WORK	E	
22. I hereby certify that I attended the deceased from deceased alive on 11-14, 1950, and that death occur	10-9 ,1950, to 11-14 , 1950,	that I last saw the
23A. SIGNATURE	23B. ADDRESSILS AOPLIES LOSPITAL	23c. DATE SIGNED
4A. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMET		7-0
OCAL RECISTRAR  OCAL RECISTRAR  OCAL RECISTRAR	In the state of th	ADDRESS ZALLA
VS 150	way o. werson 1 Food	The state of
970	99 - ~	1312

Low Later St. 50 July When Sund Beaching De Comment of the Comment 5-530 9815

20 ,	7010	BAI	TIMORE CITY HE			001.0
BIRTH NO.		ME E	CERTIFICATI	OF DEAT	H Register	ed No.
1. NAME OF DECEAS (Type or Print)	ED	LAURA	SMITH		2. DATE OF DEATH	1/14/50
B. PLACE OF DEATH:				4. USUAL RESIDE	ENCE (Where deceased live	
B. FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospit		ion, give street address or location)	Maryland c. CITY OR TOWN Baltimo	(If outside corporate	limits, write RURAL and give township)
gth of stay in		72211	Yrs. Mos. Days	D. STREET ADDRE	reenmount Ave	n) enue
5. SEX 6. CO	White		E, MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH		Months Days H Under 24 Hours Min.
OA. USUAL OCCUPAT ork done during most of working At HOME	FION (Give kind of g life, even if retired)	10B. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME Unknow	n	6		14. MOTHER'S MA Unkn		
5. WAS DECEASED EVER	R IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
(This does not m heart failure, asth injury or compli	enia, etc. It mea cation which c CEDENT CAUS ONDITIONS, II OVE CAUSE (A) CONDITION LA	f dying, e. g ns the diseas aused death ses ANY, GIVIN STATING TH ST.  TIONS CON	(B) Arte	ardial Ins	sufficiency Sis	about lyr
19A. DATE OF OPE			FINDINGS OF OPER	ATION		20. AUTOPSY?
21A. ACCIDENT W LYING OR CON- CAUSE OF DEATH	TRIBUTING		ACE OF INJURY (e. g., in arm, factory, street, office bldg., e			ity, give exact location)
21D. TIME (Month)	(Day) (Year)		WHILE AT NOT WHILE	D 21F, HOW DID	INJURY OCCUR?	
deceased alive on 23A. SIGNATURE  24A. URIAL. CREMA- ION, REMOVAL (Specify) Burial	May	1950.	and that death occur	red at L: p.m., BB. ADDRESS  Ol E. 25th RY OR CREMATORY	st. City.  24b. LOCATION (City, to City)	1950 that I last saw the on the date stated above.    23c. DATE SIGNED   11/16/50.   cown, or county) (State)
OCAL REGISTRAR OV 1 6 1950	REGISTRAR'		Williams, M.	S. FUNERAL DIR	Sell Lolone	ADDRESS
VS 150	Many	15 100	( ind)	GREFNMOU	NT AVE & 22.	D 093d



7-420 9816

# ZALOSKY

BALTIMORE CITY HEALTH DEPARTMENT

30 00	CERTIFICAT	E OF DEATH	Registered No	0010
1. NAME OF DECEASED			i o Date	
(Type or Print) Frank Za	luskn		2. DATE OF DEATH Naves	nhen 141950
s. PLACE OF DEATH:  A. Baltimore City, Maryland		4. USUAL RESIDENCE	Where deceased lived, If in	
B. FULL NAME OF (If not in hospital or insti	tution, give street address or	md.	Both	so man
HOSPITAL OR WIS BOPKIES ROSPT	location)	C. CITY OR TOWN (I	f outside corperate limits,	write RURAL and give township)
		Jatema	ne in	0
	Yrs. Mos.	D. STREET ADDRESS (If	rural give location).	1. 101
c. Hength of stay in Baltimore	Days	1403 14	men lam	Fred.
	GLE, MARRIED, OWED, DIVORCED (Specify)	8. DATE OF BIRTH ~		der 1 Year   If Under 24 Hours hs Days   Hours   Min.
male white 5	myle	5-08	142	
IOA. USUAL OCCUPATION (Give kind of or some done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	2. CITIZEN OF WHAT COUNTRY?
	Beth. Steel	(A) Balto.		
13. FATHER'S NAME	STEEL	14. MOTHER'S MAIDEN N	AME	•
It enny falo	sky	many 1	Landensk	Las
15. WAS DECEASED EVER IN U.S. ARMED FORCES (es, no or unknown) (If yes, to ve war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	THE RESERVE ADD	RESS
		SACCHE (S)	ANTER MARKET IN	
18. 420 1.	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECT	LY			ONSET AND DEATH
(This does not mean the mode of dying.	es Acuel	negocardial in	action	
heart failure, asthenia, etc. It means the dis injury or complication which caused de				
	ath,			
ANTECEDENT CAUSES	Outrine	derofic coronar	2 Hugues 33	
DISEASES OR CONDITIONS, IF ANY, G	101163			***
RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	THE DUE TO			
II.			***************************************	
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT REL				
TO THE DISEASE OR CONDITION CAUSIN 19A. DATE OF OPERATION 19B. MAJ	OR FINDINGS OF OPER	PATION		20. AUTOPSY?
1 ISA. DATE OF OPERATION O ISB. MAS	OR PHODINGS OF OFER	ATION		YES NO
21A. ACCIDENT, SUICIDE,   21B. I	PLACE OF INJURY (e.g., i	in or   21c. WHERE DID (	If in Baltimore City, giv	
HOMICIDE (Specify) about bo	me, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Hour)	1 21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
INJURY	WHILE AT NOT WHILE			
m	13	1- 6	1. IIICo	
22. I hereby certify that I attended t	he deceased from	1956, to		that I last saw the
deceased alive on 17-14, 19-5	2, and that death occur	rred at In., from	the causes and on the	date stated above. 23c. DATE SIGNED
· A A ×	wanded . M. D.	238, ADDRESS	LINS HOSPITHY	23C. DATE SIGNED
244 BURIAL CREMA- 248 DATE	24c. NAME OF CEMETE		OCATION (City, town, or	county) (State)
FION, REMOVAL (Specify) Burial 11-18-50				
		Heart of Mary	Baltimore, Md	DDRESS
DATE RECEIVED BY REGISTRAR'S SIGNA	W/es.	T. MIL O'NE ON		
JV 16 1950 1 7 mitruitor	Milliams, M.S.	weight will	403 S.	Wolfe St.
VS 150	1000	1.10		0011-
	68331	4 /		094a.

. S. west Single

deceased alive on nov/3

CERTIFICATION

MEDICAL

50 9817	BALTIMORE CITY III	50	9817
20 2011		EALTH DEPARTMENT E OF DEATH Registered	No
BIRTH NO.	CERTIFICAT	E OF DEATH Registered	110.
1. NAME OF DECEASED (Type or Print)	John Hopkins	2. DATE OF DEATH	11-14-50
3. PLACE OF DEATH:  a. Baltimore City, Maryland	Baltimore	4. USUAL RESIDENCE (Where deceased lived, I A. STATE B. COUNTY	
B. FULL NAME OF (If not in host HOSPITAL OR INSTITUTION	oital or institution, give street address or location		its, write RURAL and gi
60 27h S	. Robinson Street	Baltimore Maryland	1-0
c. Ogth of stay in Baltimore	Life Yrs. Mos. Days	274 S. Robinson Street	
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH 1-10-92  9. AGE (In years last birthday)  M	If Under 1 Year If Under 24 Hou Ionths Days Hours Mir
10A. USUAL OCCUPATION (Give kind fork done during most of working life, even if retire Lead Burner	Dupont Corp.	11. BIRTHPLACE (State or foreign country) Baltimore	12. CITIZEN OF
13. FATHER'S NAME  John Hopkin	B CHEMICALS (19)	14. MOTHER'S MAIDEN NAME Elizabeth ?	
15. WAS DECEASED EVER IN U. S. ARM Yes, no or unknown) (If yes, give war or de	ED FORCES?  tes of service)  16. SOCIAL  SECURITY NO.		ADDRESS Robinson Str
DISEASE OR CONDITION LEADING TO DE (This does not mean the mode heart failure, asthenia, etc. It m	DIRECTLY ATH of dying, e. g., (A)	of DEATH yoursish Departm	INTERVAL BETWEE
injury or complication which  ANTECEDENT CAU  DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION)	JSES  IF ANY, GIVING 1) STATING THE DUE TO	nie Glanewson replutes	3 ps.
OTHER SIGNIFICANT CONI TRIBUTING TO THE DEATH, BU TO THE DISEASE OR CONDITION	T NOT RELATED		
19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OPER		YES NO
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH			give exact location)
21D. TIME (Month) (Day) (Year INJURY	r) (Hour) 21E. INJURY OCCURR	W	

1957

, 1950, that I last saw the and that death occurred at 3:15A.m., from the causes and on the date stated above. 23c. DATE SIGNED

DATE RECEIVED BY

23A. SIGNATURÊ

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24d. NAME OF CEMETERY OR CREMATORY Sacred Heart Burial 11- 17-50

. 195

22. I hereby certify that I attended the deceased from

17 10

FUNERAL DIRECTOR ADDRESS 403 S. Wolfe Street

24D. LOCATION (City, town, or county)

Baltimore Md.

VS 150

23B. ADDRESS

(State)

The Later The International Parket reonds numbed .1 . 3 What has of the metern Southing 27k S. Art Depon B s. The Kilmore A. Line toys. Notin Separa

150	CERTIFICATE CORREC	TED 11-27-50		
B- 50 9819	BALTIMORE CITY HE CERTIFICAT	ALTH DEPARTMENT Registered	9819	
BIRTH NO.  1. NAME OF DECEASED				
(Type or Print) Phylis JEF	IN BRYAN	2. DATE OF DEATH	V16.1950	
3. PLACE OF DEATH:  A. Baltimore City, Maryland	Ost 3.	4. USUAL RESIDENCE (Where deceased lived, It	f institution: residence before admission)	
B. FULL NAME OF (If not in hosp HOSPITAL OR	ital or institution, give street address or location)	VIRGINIA James	144	
	KINS HOSPITAL		ts, write RURAL and give township)	
	Yrs.	D. STREET ADDRESS (If rural, give location)	V-4	
th of stay in Baltimore	Mos. Days	352 YORK St.		
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED,		H Under 1 Year   H Under 24 Hours	
FEMALE White	SINGLE (Specify)	2-3-31   last birthday) M	onths Days Hours Min.	
IOA. USUAL OCCUPATION (Give kind or by done during most of working life, even if retired	d) INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
Secretary  13. FATHER'S NAME TO THE SECRETARY	Wm. & Mary College	Williams buig, Va.	U.S.A.	
Bries G.F. Boy	na/	14. MOTHER'S MAIDEN NAME	7	
15. WAS DECEASED EVER IN U. S. ARMI	ED FORCES?   16. SOCIAL		nna Burleson	
Yes, no or unknown) (If yes, give war or da	tes of service) SECURITY NO.	17. INFORMANT JOHES HOPKIES HOSPITAL	ADDRESS	
18. 199 8		OF DEATH	INTERVAL BETWEEN	
DISEASE OR CONDITION			ONSET AND DEATH	
(This does not mean the mode of dying, e.g.,				
(This does not mean the mode	of dying, e.g., (A)	culoulas over sum a	A44.	
(This does not mean the mode heart failure, asthenia, etc. It me injury or complication which	of dying, e.g., cans the disease,	State a	<u> </u>	
(This does not mean the mode heart failure, asthenia, etc. It me	of dying, e. g., cans the disease, caused death,) DUE TO	Sun a	ed was t	
(This does not mean the mode heart failure, asthenia, etc. It me injury or complication which  ANTECEDENT CAU  DISEASES OR CONDITIONS,	of dying, e. g., cans the disease, caused death.)  USES  (B) (B)	unlennen.	4 mos +	
(This does not mean the mode heart failure, asthenia, etc. It me injury or complication which ANTECEDENT CAU	of dying, e. g., eans the disease, caused death,)  USES  IF ANY, GIVING ) STATING THE DUE TO  AST.	unleurun.	4 mos +	
(This does not mean the mode heart failure, asthenia, etc. It me injury or complication which  ANTECEDENT CAU  DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A	of dying, e. g., (A)	unlenny.	4 mos +	
(This does not mean the mode heart failure, asthenia, etc. It me injury or complication which  ANTECEDENT CAU  DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A	of dying, e. g., eans the disease, caused death.)  UE TO  UE TO  UE TO  UE TO  UE TO  UE TO  OUE TO  OUE TO  (B)	unlenny	4 mos +	
(This does not mean the mode heart failure, asthenia, etc. It me injury or complication which ANTECEDENT CAU  DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION L)	of dying, e. g., eans the disease, caused death.)  USES  IF ANY, GIVING ) STATING THE DITIONS CON-	unleuryu.	4 mos +	
(This does not mean the mode heart failure, asthenia, etc. It me injury or complication which ANTECEDENT CAU  DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION L)  OTHER SIGNIFICANT CONE TRIBUTING TO THE DEATH, BUT	of dying, e. g., eans the disease, caused death.)  USES  IF ANY, GIVING ) STATING THE DITIONS CON-	ation	20, AUTOPSY?	
(This does not mean the mode heart failure, asthenia, etc. It me injury or complication which ANTECEDENT CALL DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION INTO THE SIGNIFICANT CONE TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION	of dying, e. g., eans the disease, caused death.)  USES  IF ANY, GIVING ) STATING THE DUE TO  OITIONS CON- I NOT RELATED N CAUSING IT.  19B. MAJOR FINDINGS OF OPER		20. AUTOPSY? YES NO	
(This does not mean the mode heart failure, asthenia, etc. It me injury or complication which ANTECEDENT CALL DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION LITTLE OF TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING	of dying, e. g., eans the disease, caused death,) DUE TO  USES  IF ANY, GIVING ) STATING THE DUE TO  AST. (C)  OITIONS CON- I NOT RELATED N CAUSING IT.  19B. MAJOR FINDINGS OF OPER  21B. PLACE OF INJURY (e. g., ii	or 21c. WHERE DID (If in Baltimore City,	20. AUTOPSY? YES NO	
(This does not mean the mode heart failure, asthenia, etc. It me injury or complication which ANTECEDENT CALL DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION INTO THE DISEASE OR CONDITION TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year 1941) (1942) (1943)	of dying, e. g., eans the disease, caused death,)  JSES  (B)  IF ANY, GIVING ) STATING THE DUE TO  OITIONS CON- INOT RELATED N CAUSING IT.  19B. MAJOR FINDINGS OF OPER  21B. PLACE OF INJURY (e. g., in about home, farm, factory, strest, office bidg., of the cause of	or 21C. WHERE DID (If in Baltimore City, INJURY OCCUR?	20. AUTOPSY? YES NO	
(This does not mean the mode heart failure, asthenia, etc. It me injury or complication which ANTECEDENT CALL DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION LETTER BUTTING TO THE DEATH, BUTTING THE DISEASE OR CONDITION 19A. DATE OF OPERATION 19A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	of dying, e. g., eans the disease, caused death.)  JSES  IF ANY, GIVING ) STATING THE DUE TO  DITIONS CON- T NOT RELATED N CAUSING IT.  19B. MAJOR FINDINGS OF OPER  21B. PLACE OF INJURY (e. g., is about home, farm, factory, strest, office bidg., of the control	or 21C. WHERE DID (If in Baltimore City, INJURY OCCUR?	20. AUTOPSY? YES NO	
(This does not mean the mode heart failure, asthenia, etc. It me injury or complication which ANTECEDENT CALL DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION IN THE DISEASE OR CONDITION TO THE DISEASE OR CONDITION IN THE DISEASE OR CONTRIBUTING CAUSE OF DEATH	of dying, e. g., eans the disease, caused death.)  JSES  IF ANY, GIVING ) STATING THE DUE TO  DITIONS CON- T NOT RELATED N CAUSING IT.  19B. MAJOR FINDINGS OF OPER  21B. PLACE OF INJURY (e. g., is about home, farm, factory, strest, office bidg., of the control	or 21c. WHERE DID (If in Baltimore City, INJURY OCCUR?  21f. HOW DID INJURY OCCUR?	20. AUTOPSY? YES NO give exact location)	
(This does not mean the mode heart failure, asthenia, etc. It me injury or complication which ANTECEDENT CALL DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION IN THE DISEASE OR CONDITION TO THE DISEASE OR CONDITION IN THE DISEASE O	of dying, e. g., eans the disease, caused death.)  JSES  IF ANY, GIVING ) STATING THE  DITIONS CON- T NOT RELATED N CAUSING IT.  19B. MAJOR FINDINGS OF OPER  21B. PLACE OF INJURY (e. g., is shout home, farm, factory, strest, office bidg., or (Hour)  21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK  ttended the deceased from 10  1950 and that death occur	or 21c. WHERE DID (If in Baltimore City, INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  20, 1950, to 1/-/6, 1950, to the causes and on the causes and on the causes.	20. AUTOPSY? YES NO give exact location)	
(This does not mean the mode heart failure, asthenia, etc. It me injury or complication which ANTECEDENT CALL DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION IN THE DISEASE OR CONDITION TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 19A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year OF INJURY) 22. I hereby certify that I among the contribution of the contri	of dying, e. g., eans the disease, caused death.)  JSES  IF ANY, GIVING ) STATING THE  DITIONS CON- T NOT RELATED N CAUSING IT.  19B. MAJOR FINDINGS OF OPER  21B. PLACE OF INJURY (e. g., i about home, farm, factory, strest, office bidg., or)  (Hour)  21B. PLACE OF INJURY OCCURR WHILE AT NOT WHILE AT WORK  WORK  WORK  ttended the deceased from  12  1350  And that death occur	or 21c. WHERE DID (If in Baltimore City, INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  20, 1950, to 1/-16, 195	give exact location)  give exact location  that I last saw the the date stated above.	
(This does not mean the mode heart failure, asthenia, etc. It me injury or complication which ANTECEDENT CALL DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION IN TO THE DISEASE OR CONDITION TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year OF INJURY 22. I hereby certify that I are deceased alive on 23A. SIGNATURE 24B. DATE	of dying, e. g., eans the disease, caused death.)  JSES  IF ANY, GIVING ) STATING THE  DITIONS CON- T NOT RELATED N CAUSING IT.  19B. MAJOR FINDINGS OF OPER  21B. PLACE OF INJURY (e. g., is shout home, farm, factory, strest, office bidg., or (Hour)  21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK  ttended the deceased from 10  1950 and that death occur	or 21c. WHERE DID (If in Baltimore City, INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  22f. HOW DID INJURY OCCUR?  20 , 1950, to 1/- / 6, 1950, to the causes and on the causes are caused as a cause of the causes and on the causes are caused as a cause of the	give exact location)  give exact location  that I last saw the he date stated above.	
(This does not mean the mode heart failure, asthenia, etc. It me injury or complication which ANTECEDENT CALL DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION IN THE DISEASE OR CONDITION IN THE DISEASE O	of dying, e. g., eans the disease, caused death.)  JSES  IF ANY, GIVING ) STATING THE  DITIONS CON- T NOT RELATED N CAUSING IT.  19B. MAJOR FINDINGS OF OPER  21B. PLACE OF INJURY (e. g., ii shout home, farm, factory, strest, office bidg., of the complete	or 21c. WHERE DID (If in Baltimore City, INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  22f. HOW DID INJURY OCCUR?  20 , 1950, to 1/- / 6, 1950, to the causes and on the causes are caused as a cause of the causes and on the causes are caused as a cause of the	give exact location)  give exact location  that I last saw the he date stated above.	
(This does not mean the mode heart failure, asthenia, etc. It me injury or complication which ANTECEDENT CALL DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION I DOTHER SIGNIFICANT CONTRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH  21D. TIME (Month) (Day) (Year OF INJURY)  22. I hereby certify that I are deceased alive on Call Cause of Cause o	of dying, e. g., cans the disease, caused death.)  JSES  IF ANY, GIVING ) STATING THE  DITIONS CON- T NOT RELATED N CAUSING IT.  19B. MAJOR FINDINGS OF OPER  21B. PLACE OF INJURY (e. g., i about home, farm, factory, strest, office bidg., of the control of the c	or 21c. WHERE DID (If in Baltimore City, INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  22f. HOW DID INJURY OCCUR?  20 , 1950, to 1/- / 6, 1950, to the causes and on the causes are caused as a cause of the causes and on the causes are caused as a cause of the	give exact location)  give exact location  that I last saw the he date stated above.	
(This does not mean the mode heart failure, asthenia, etc. It me injury or complication which ANTECEDENT CALL DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION I D'THE PROPERTIES OR CONDITION I D'THE DISEASE OR CONDITION I D'THE DISEASE OR CONDITION I D'ALL D'	of dying, e. g., cans the disease, caused death.)  JSES  IF ANY, GIVING ) STATING THE  DITIONS CON- T NOT RELATED N CAUSING IT.  19B. MAJOR FINDINGS OF OPER  21B. PLACE OF INJURY (e. g., i about home, farm, factory, strest, office bidg., of the control of the c	or 21c. WHERE DID (If in Baltimore City, INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  20, 1950, to 1-16, 1950, to red at 1-2 m., from the causes and on the Course of the Co	give exact location)  give exact location)  that I last saw the he date stated above.  23c. DATE SIGNED  1, or county) (State)	
(This does not mean the mode heart failure, asthenia, etc. It me injury or complication which ANTECEDENT CALL DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION I DOTHER SIGNIFICANT CONTRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH  21D. TIME (Month) (Day) (Year OF INJURY)  22. I hereby certify that I are deceased alive on Call Cause of Cause o	of dying, e. g., cans the disease, caused death.)  JSES  IF ANY, GIVING ) STATING THE  DITIONS CON- T NOT RELATED N CAUSING IT.  19B. MAJOR FINDINGS OF OPER  21B. PLACE OF INJURY (e. g., i about home, farm, factory, strest, office bidg., of the control of the c	or 21c. WHERE DID (If in Baltimore City, INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  22 1950, to 1 - 16, 1950, to 1950, t	give exact location)  give exact location)  that I last saw the he date stated above.  23C. DATE SIGNED  1, or county) (State)	

We note primary site not hard, hornor,

of positive, please state a more

definite anatomical location of the

malignant Tumor?

See Document File 50-9819 For detail of Carcinomatosis 11/30/50

9820 N.D.-14314650 BALTIMORE CITY HEALTH DEPARTMENT Registered No\_ CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2 DATE (Type or Print) Gloria Ann OF Nov. 13.1950 Williams DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY A. Baltimore City, Maryland B. FULL NAME OF Baltimore City Hospitals location) C. CITY OR TOWN (If outside corporate amits, waite HURAL and give INSTITUTION township) Baltimore 4940 Eastern Avenue Yrs. D. STREET ADDRESS (If rural, give location) Mos. Life 1031 Plum Allev (30)c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 1 Year 9. AGE (In years) last birthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Specify) Oct. 7.1947 Single 10A. USUAL OCCUPATION (Givekindof) 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Martland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Lindsay James Williams 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL Records: 4940 Eastern Avenue (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Tuberculous Meningitis Weeks (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT BELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY T.B. Meningitis with 11-9-50 increased intercranial pressureves X MEDICA 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT, SUICIDE, (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) HOMICIDE (Specify) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT 22. I hereby certify that I attended the deceased from 11-6-. 19 50 to 11-13 , 19 50 that I last saw the . 19 50, and that death occurred at 10a m., from the causes and on the date stated above. 11-13 deceased alive on.... 23c. DATE SIGNED 23A. SIGNATURE 238 ADDRESS 4940 Eastern Avenue 11-14-50 M. D. 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR 6195 VS 150 172 1 19 1 March March

THE PROPERTY OF THE PARTY OF TH 

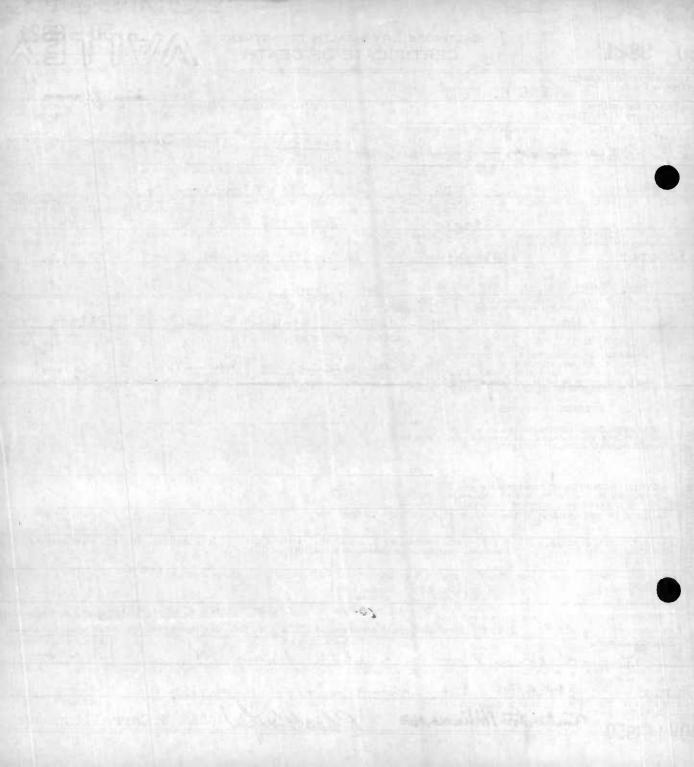
-230

50 9821

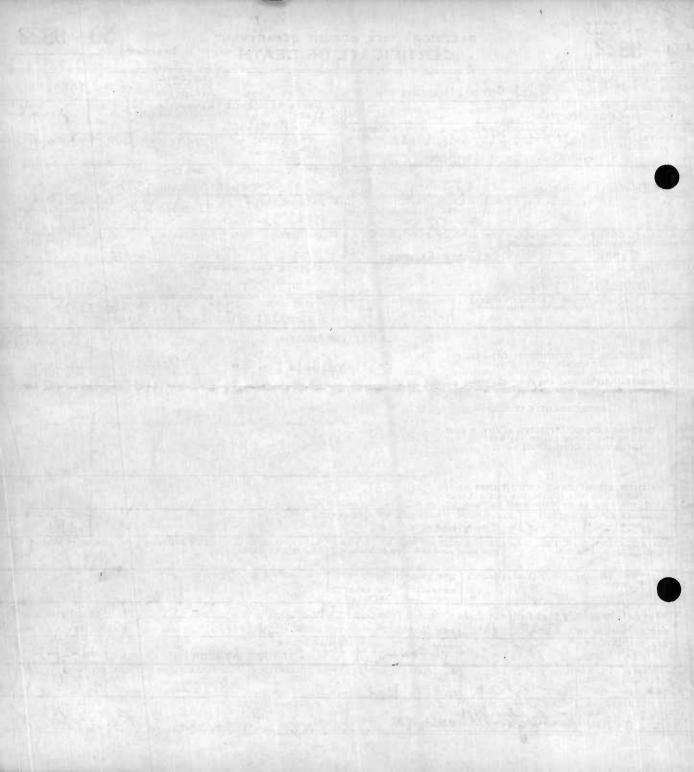
U 9821 CERTIFICATE OF DEATH	Registered No.
(Type or Print) TAMEC II WIEGE	OF EATH 11/11/50
A. Baltimore City, Maryland	eceased lived. If institution: residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location)  HOSPITAL OR IOCATION  1340 Cleveland St.  Baltimore	e corporate limits, write RURAL and give township)
c. Derigth of stay in Baltimore 30yrs Days 1340 Clevelan	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 19. A la	GE (In years   H Under   Year   H Under 24 Hours   St birthday)   Months Days   Hours Min.
M C Single June 12, 1892 5  10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign or k done during most of working life, even if retired)	country)   12. CITIZEN OF WHAT COUNTRY?
Laborer Plumbing (CONST) A.A. County, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	U.S.A.
Wm. West  15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL   17. INFORMANT	
Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT SECURITY NO. 220-14-8178 Richard Snowd	an 903 N. Fulton Ave
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (A)  (A)  (B)  (B)  (C)  (C)	Floor ?
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20, AUTOPSY?
21A. ACCIDENT. SUICIDE. HOMICIDE (Specify)  21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in E about home, farm, factory, street, office bldg., etc.)	PES NO Saltimore City, give exact location)
21P. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCURRED NOT WHILE AT WORK AT WORK	UR?
deceased alive on 11-12-, 1950, and that death occurred at 1 m., from the car	
23A. SIGNATURE 23B. ADDRESS M.D. 134 Shays 8.	23C. DATE SIGNED
Brund. Duy ani es M.D. 134 Shays to.	

97024

045-6



.D.-143335 BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Nov.14.1950 Paul Cornelius Haines DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or B. FULL NAME OF Baltimore City Hospital (If outside corporate limits, write LURAL and give C. CITY OR TOWN INSTITUTION township) Baltimore 4940 Eastern Avenue p. STREET ADDRESS (If rural, give location) Yrs. Mos. 5805 Simmonds Avenue (15) 15 Years c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. 9. AGE (In years WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours! Min. M April 15,1915 Married 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Clerk Maryland Railway Express 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Cornelius Haines Rachel Franklin 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or onknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT Baltimore City Haspitals SECURITY NO. Records: 4940 Eastern Avenue INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Poliomyelitis Bulbar 4 Days (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A, DATE OF OPERATION MEDICAL 11-14-50 Tracheotomy 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED ID, TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? INJURY WORK 19 50 to 11-14 . 19 50 that I last saw the 11-14-50 22. I hereby certify that I attended the deceased from\_ 19 50 and that death occurred at 6.45pm., from the causes and on the date stated above. 11-14 deceased alive on\_ 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 11-15-50 4940 Eastern Avenue AG. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town or county) 24A. BURIAL, CREMA- 24B. DATE TIOM, REMOVAL (Specify) ADDRESS 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE VS 150 39050



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE Type or Print) OF AMBEAU DEATH B. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) FULL NAME OF (If not in hospital or institution, give street address or BALT. HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give NSTITUTION township) MEMORIAL NION HOSPITAL OWSON D. STREET ADDRESS (If rural, give location) Mos. . Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 1 Year 9. AGE (In years) WIDDWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. 1880 OA. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of worklog life, even if retired) INDUSTRY J.S.A. OCIAL TOME SERVICE issour. DEL. LIGHT 3. FATHER'S NAME DEPT. 5. WAS DECEASED EVER IN U. S. ARMED FORCES?
66, no or unknowo) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO 221-07-5235 18. INTERVAL BETWEEN CAUSE OF DEATH 20.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY ILLMONARY EMBOLI LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, INFARCTIONS, BILATERAL. injury or complication which caused death.) ANTECEDENT CAUSES (B) MURAL THROMBI, RT. VENTRICLE DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CARTERIOSCREROTIC HEART DISEAS ? OTHER SIGNIFICANT CONDITIONS CON-

TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

20. AUTOPSY YES (If in Baltimore City, give exact location)

218. PLACE OF INJURY (e. g., In or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) WHILE AT

NOT WHILE WORK AT WORK

22. I hereby certify that I attended the deceased from Now. 10 1950 to Now. 14 , 19 50 that I last saw the deceased alive on Nov. 14, 1950, and that death occurred at . Fram., from the causes and on the date stated above. 23c. DATE SIGNED

crepard

Ulmoreal Hospital

4A, BURIAL, CREMA-ION, REMOVAL (Specify) 24B. DATE burial

24C, NAME OF CEMETERY OR CREMATORY Cathedral Cemetery,

24D. LOCATION (City, town, or county)

emmon. 4611 Park Heights Ave.

Baltimore, Md.

DATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR

25. FUNERAL DIRECTOR

21c. WHERE DID

INJURY OCCUR?

ADDRESS

VS 150

14 101.1150 MARK Y. GAMBEAU Best. M.S. Louisen 4 Luced Schools Hospith JASE DURKE AVE W W 18 020. 1890 70 D. s. A. Average Personal Company Paris y

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH (Type or Print) November 14, 1950. FRANK C. LAMBOTN SR. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland 3117 0 Donnell St. B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corpor te limits write RURAL and give INSTITUTION township) Baltimore D. STREET ADDRESS (If rural, give location) Life Yrs. Mos. 3117 O'Donnell St. c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) Mala August 22, 1884 White Widowed 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Janitor Standard Oil Co. Baltimore, Md. U.S.A. 13. FATHER'S NAME BLDG. UPER 14. MOTHER'S MAIDEN NAME Thomas Lambdin Helen Taylor 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) | (If yes, rive way or detail of service) 16. SOCIAL 17. INFORMANT ADDRESS Yes, no or unknown). Frank C. Lambdin Jr. 3117 O'Donnell St. CAUSE OF DEATH 20.1 DISEASE OR CONDITION DIRECTLY acute Cornery Occhesin. LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPS 218, PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER-INJURY OCCUR? about home farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT 22. I hereby certify that I attended the deceased from 11-13 1950, that I last saw the deceased alive on 13 1950, and that death occurred at 5:30 A. From the causes and on the date stated above. 11 -14, 1950, that I last saw the 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 11-15-50 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) 24A. BURIAL. CREMA-TION, REMOVAL (Specify) Oak Lawn Cemetery 7225 Eastern Ave. Balto.Co.Md. DATE RECEIVED BY 5. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR ,901 S. Conkling St. VS 150 The section of the property of

0940

The second of the 

0 9825 BIRTH NO.

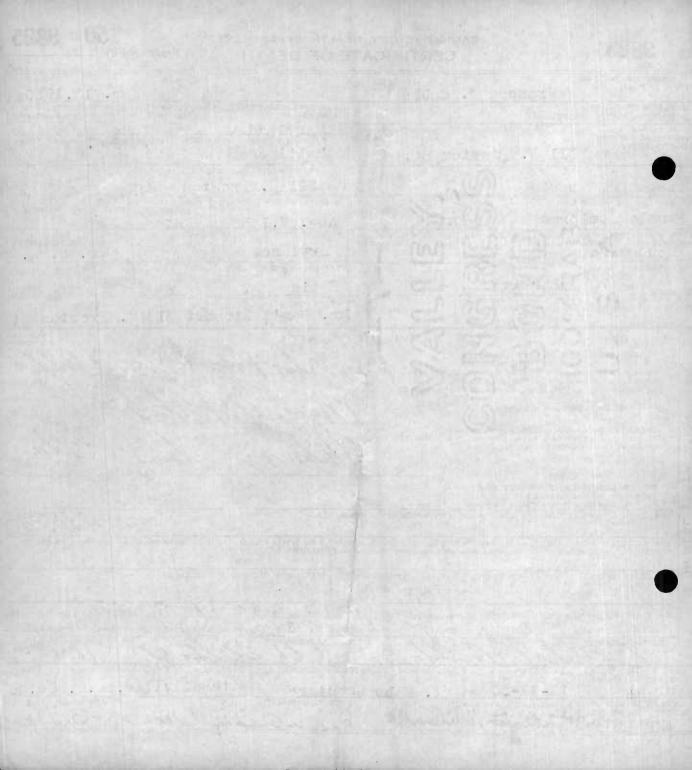
VS 150

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 9825 Registered No.

1. NAME OF DECEASED (Type or Print) 2. DATE Frances L. Cobbs Nov. 13,1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Sarvland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate Imits write RURAL and give INSTITUTION 311 W. Preston St. township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 311 W. Preston c. Length of stay in Baltimore Davs 8. DATE OF BIRTH 5. SEX 6. COLOR OR RACE SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years If Under 1 Year R Under 24 Hours last birthday) Months: Days Hours: Min. Female Colored Widow Aug. 7.1886 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of) IOB KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired)
HOUSEWIFE INDUSTRY WHAT COUNTRY Maryland U. S. A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Larkins Katie 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Ir. Sam'l Stewart 311 W. Preston St. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE . 195 that I last saw the . 19 9 . to\_ 22. I hereby certify that I attended the deceased from \_ 195 0 and that douth occurred at 23 m., from the causes and on the date stated above. deceased alive on 1-13 23c. DATE SIGNED 23A. SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C/NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24B. DATE Mitchellville, P.G. Co.Md Burial 11-17-50 Mt. Nebo Cemeterv ADDRESS 436 DATE RECEIVED BY delle

" 1 12 . . . . . worken



65V

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 9826

Registered No\_

DIDTIL NO			CERTIFICATI	E OF DEATH	Regis	stered No	
BIRTH NO.  1. NAME OF DE	ECEASED.				2. DATE		
(Type or Print)		W. Con	rnish		OF	Nov. 1	1 7050
3. PLACE OF DE				4. USUAL RESIDEN	DEATH		
A. Baltimore C	ity, Maryland			A. STATE	B. COU		before admission)
B. FULL NAME O	OF (If not in hospit	al or instituti	on, give street address or location)	Maryland	(70	100	· ·
INSTITUTION	722 Dolphir	9+	ioca tion)	C. CITY OR TOWN		ate limits, write	RURAL and give township)
0	THE DOLDHER.	1000		Baltimore		1 4	
			Yrs. Mos.	D. STREET ADDRES		ation)	
c. Length of st	ay in Baltimore		Days	722 Dol-pl	nin St.		
5. SEX	6. COLOR OR RACE	7. SINGLE	. MARRIED. ED. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In	years   H Under 1 Ye	ear If Under 24 Hours ays Hours Min.
Female	Colored	Widow		April 20-1	876 74		
IOA. USUAL OC	CUPATION (Give kind of	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (St.			TIZEN OF
Housewi Housewi	f working life, even if retired)		INDUSTRY	Maryla nd			S. A.
13. FATHER'S N				14. MOTHER'S MAIL	DEN NAME		D. 10.
	s Washingt	on					V
					a Fuller		
Yes, no or unknown)	D EVER IN U. S. ARMEI (If yes, give war or date	s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRES	
				M's Bertie	Harris 72	2 Dolphi	in St.
18. 49	1 X		CAUSE	OF DEATH			TERVAL BETWEEN
DISEAS	E OR CONDITION	DIRECTLY	2	1	P		7
	not mean the mode	TH	(A)[15]	Isnow.	Meson	44	no Melo
heart failu	re, asthenia, etc. It mea	ns the disease	2,				
injury or	complication which	caused death	DUE TO	200	1/1	/	
	ANTECEDENT CAUS	SES		/ / loud	1140	1//	
DISEASES	OR CONDITIONS,	E ANY CIVIN	(B)				
RISE TO T	HE ABOVE CAUSE (A)	STATING TH		1//			
ONDERLY	ING CONDITION L	AST.		116.1			
			(C)	Muli	9		- working
OTHER S	II IGNIFICANT COND	ITIONS CON			1		
TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D				
	F OPERATION 1		FINDINGS OF OPER	RATION		2	O. AUTOPSY?
	0					Y	ES NO
21A. ACCIDE	NT. SUICIDE. (Specify)	218. PLA	CE OF INJURY (e. g.,	n or   21c. WHERE DI		re City, give exa	act location)
HOMICIDE	(Specify)	about home, f	arm, factory, street, office bldg.,	etc.) INJURY OCCUR	1		
TIME (	Month) (Day) (Year	(Hour) 1:	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?		
NJURY			WHILE AT NOT WHILE				
		m.	WORK AT WORK		1 1/0		
22. I hereby	y certify that I att	conded the	deceased from	1-1,190,			t I last saw the
	ive on 1 /- 14		and that death occur	rred at / 4 m.,	from the causes a	nd on the dat	e stated above.
23A. SIGNA		DAL	///	23B. ADDRESS	1/11/	1 230	DATE SIGNED
1/1/	Medde !	1100	MUS M. O.	1 61	· Namm	14	1-19-3
	REMA- 248. DATE		24C. NAME OF CEMETE	RY OF CREMATORY	240. LOCATION (C	ity, town, or cour	nty) (State)
Burial	11-18-	50	Mt. Auburn	Cem	Baltimore	. Md.	
DATE RECEIVE		SSIGNATU	RE	25. FUNERAL DIRE		ADD	RESS
TOGAL REGIST	BAR H	二儿儿	march M.W	Moth	sen Ti Klue	col- \$78 W.	Biddle St.
1011013	JU GALLOUZA	77.77	and the same	111VILau	ago y . v ma		
VS 150		4 9	Marchine Course			, ,	170

J. 198 ORNAL C. WIN

BALTIMORE CITY HEALTH DEPARTMENT 9827

Q	9827	CERTIFICATE	E OF DEATH	Registered N	) 9827
	NAME OF DECEASED  ype or Print)  QULIA	ULLMA	N	2. DATE OF DEATH	-12-56
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE	(Where deceased lived. If in	stitution; residence before admission)
H	FULL NAME OF (If not in hospital or instinction SINA)	tution, give street address or location)	05ala 2	(If outside corporate limits	L L
C.	Length of stay in Baltimore 60	Yrs. Mos. Days	D. STREET ADDRESS	If rural, give location)	ane.
10-	SEX   6. COLOR OR RACE   7. SIN	Days Days Days Days Days Days Days Days	8. DATE OF BIRTH	9. AGE (In years) If U	ndet 1 Year )/ If Under 24 Hours this Days Hours Min.
WOL	t done during most of working life, aven if retired)	ND OF BUSINESS OR INDUSTRY	11. BRTHPLACE (State or	foreign country)	2. CITIZEN OF WHAT COUNTRY
A	LAMAN Solm	son	14. MOTHER'S MAIDEN	a July	
(Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES: (If yee, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	Weman 325	o Josemilo
FICATION	DISEASE OR CONDITION DIRECTI LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis injury or complication which caused de  ANTECEDENT CAUSES  DISEASES OR CONDITIONS. IF ANY, GI RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	e.g., (A) Conference (B) Conference (B) Conference (B) Conference (Conference (Conferen	eriaclesot	t facluse Leart due	ONSET AND DEATH
ERTIF	OTHER SIGNIFICANT CONDITIONS ( TRIBUTING TO THE DEATH, BUT NOT REL			•	
O	TO THE DISEASE OR CONDITION CAUSING		ATION		20. AUTOPSY?
EDICAL		PLACE OF INJURY (e. g., in ne, farm, factory, street, office bldg., e		(If in Baltimore City, giv	
M	D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK	21F. HOW DID INJU	RY OCCUR?	
	22. I hereby certify that I attended to deceased alive on 11-12, 1956	ne deceased from 10- e, and that death occur	-18, 1950, to_ red at 10 45 Pm., from	11-12, 1950, the causes and on the	
	234 SIGNATURE & Sty	Tran M. D.	38. ADDRESS	Hosp.	23c. DATE SIGNED
	N. REMOVAL (Species)	24C. NAME OF CEMETER	RY OR CREMATORY 240.	LOCATION (City, town, or	r county) (State)

DATE RECEIVED BY REGISTRA'S SIGNATURE
NOV 16 1950 The Milliams AS

of the way wilded bath.

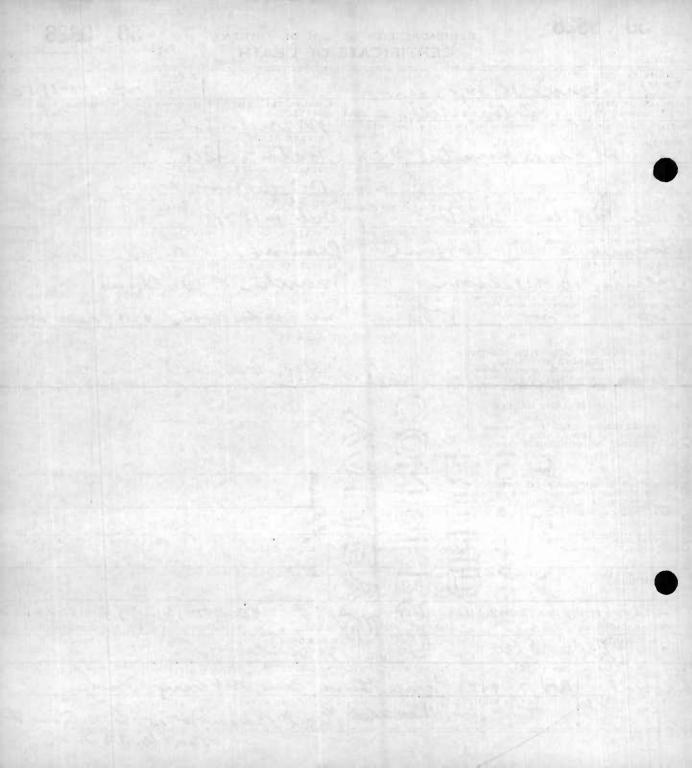
25. FUNERAL DIRECTOR

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1. NAME OF DEGEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland Colle STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) 9. AGE (In years) H Under 1 Yaer last birthday) Months: Days Hours: Min. relow 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR HPLACE (State or foreign country) 12 CITIZEN OF ork dofe during most of working kie, even if retired) INDUSTRY WHAT COUNTR Housew 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH me walk fre (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) п OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) ebout bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? p. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WHILE AT AT WORK , 19 400 nov 14 22. I hereby certify that I attended the deceased from I co , 19 Pthat I last saw the m., from the causes and on the date stated above. ..... and that death occurred at deceased alive on 19\_ 23A, SIGNATURE 23B. ADDRESS W 23c. DATE SIGNED 24c. NAME OF CEMETER N. REMOVAL (Specify DATE RECEIVED BY ADDRESS LOCAL REGISTRAR

VS 150

. 23 mel



	50 9	1829							
11 /	.TT.	143232	200	THEODE SIDE IN				50	9829
40	() <u>11</u>	143232		CERTIFICAT			Register	ed No	
BIRTH NO.				CERTIFICAT	E OF DEATE				
1. NAME O (Type or Pri	- 4.5	leux Jarr	ell			2.	OF 1 DEATH	1-15-	50
A. Baltimon					4. USUAL RESIDE	NCE (Where	B. COUNT		tution: residence before admission)
B. FULL NA	ME OF			ion, give street address or		/76 /	• 1	22 24	
INSTITUTIO		4940 Eas	tern Av	Hospitals cation)	Baltimore		13-6	3	ite RURAL and give township)
c. Length			7 yrs.	Yrs. Mos. Days	2228 Eutaw		l, give location	n)	
Male		Nhite	7. SINGLE	MARRIED, ED, DIVORCED (Specify)	June 23, 19	the state of the s	AGE (In year last birthday)	Months	1 Year   If Under 24 Hours   Days   Hours   Min.
vork done during	OCCUPAT	ION (Give kind of glife, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	tate or foreig	n country)	12.	CITIZEN OF WHAT COUNTRY?
13. FATHER			PLUMB	INNG SHOP	14. MOTHER'S MAI	DEN NAME			
		allis Ja			Pearce El	.swick			
15. WAS DEC	EASED EVER	R IN U.S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	B. C. H.	cords,	4940 Ea	stern	Ave.
(This heart injury	LEAD does not m failure, asth or compli ANTEC	CONDITION CONDITION DEAT the product of the product	TH of dying, e. 1 ons the diseas caused death SES  F ANY, GIVIN STATING TI	Acute e, b) DUE TO	OF DEATH Glomerulo Ne	phritis			INTERVAL BETWEEN ONSET AND DEATH 2-weeks
Ĕ		- 11		(C)					
LI TRIBU	TING TO TH	ICANT CONDI	NOT RELAT	ED .					
	E OF OPE			FINDINGS OF OPER	RATION				20. AUTOPSY?
<u> </u>		VI	Later			7.0 1	D W. G		YES YES NO
21A. ACC HOMICII	CIDENT, SU DE (Spec		about home,	ACE OF INJURY (e. g., i arm,factory,street,office bldg.,	n or 21c. WHERE DI etc.) INJURY OCCUP		Baltimore C	ity, give	exact location)
D. TIM		(Day) (Year)		21E. INJURY OCCURR WHILE AT WORK  AT WORK		INJURY O	CUR?		
22. I he	reby cert	ify that I att	ended the	deceased from 11.	<b>-9-50</b> , 19	, to Nov.	15 , 1	950, th	at I last saw the
		Nov. 15	_, 19_50,	and that death occur	rred at 9.10PMm.,	from the c	auses and		
23A. SIG	NATURE	1	14-50	. M.D.	4940 Eastern	Ave.			11-16-50
TION. REMOVA	E, GREMA-	4	0	24C. NAME OF CEMETE			TION (City, t	own, or c	ounty) (State)
Remova	1	11/16/	50	MADISON	LOS EUMEDAL CAS	MADISON	WYST V	IRGIN	TA-se
LOCAL REC		REGISTRAR'	SIGNATU	Williams A. W.	25. FUNERAL DIRE	19	6.0.	Lenn	15 Balto
NOY 1	<del>7'1950</del>	1 Thousand	waren !	principles   mgs	or melli	Jus	mer	001	met,
V3 13				574	24			13	0.0

CATHOLOGY AND RECEIVED THE REPORT OF THE PROPERTY OF A . The state of the Western Britain Marie St. 1881 - 18 

12-14-50 50 9830 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO I. NAME OF DECEASE 2. DATE (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution residence 3. PLACE OF DEATE A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or location) (If outside corporate limits, write RIDIAL surl give D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days uchano, 6. COLOR OF RACE 8. DATE OF 9. AGE th years It Under I Year It Under 24 Hours last birthday) Months Days Hours Min. WIDOWED DIVORCED (Specify) IOA. USUAL OCCUP 11. BIRTHPLACE (State or foreign country ATION (Givekind of) TOB KIND OF BUSINESS OR 12. CITIZEN OF ork depe during most of working life even if retired) INDUSTR WHAT COUNTRY MBRY JONO. 14. MOTHER'S MAIDEN NAME UNENOWN. 5. WAS DECEASED EVER IN U. S. ARMED FORCES?

es. no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS Yes, no or unknown) SECURITY NO Jano NTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES America Carden Fascular dicear DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? NO 1 21A, ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., In or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY NOT WHILE 1950, to how 13, 1950, that I last saw the 22. I hereby certify that I attended the deceased from how deceased alive on 13, 1950, and that death occurred at 31 \_\_m., from the causes and on the date stated above. 23A, SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 2607 Wreslun au BURIAL CREMA-I 24C. MAME OF CEMETERY OR CREMATO 24B DATE Ill me ADDRESS RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR VS 150

Commy Column After lead to the colored no my 30 . 600 13 50 - in I be come -26.63 31 39 39 396 266.035

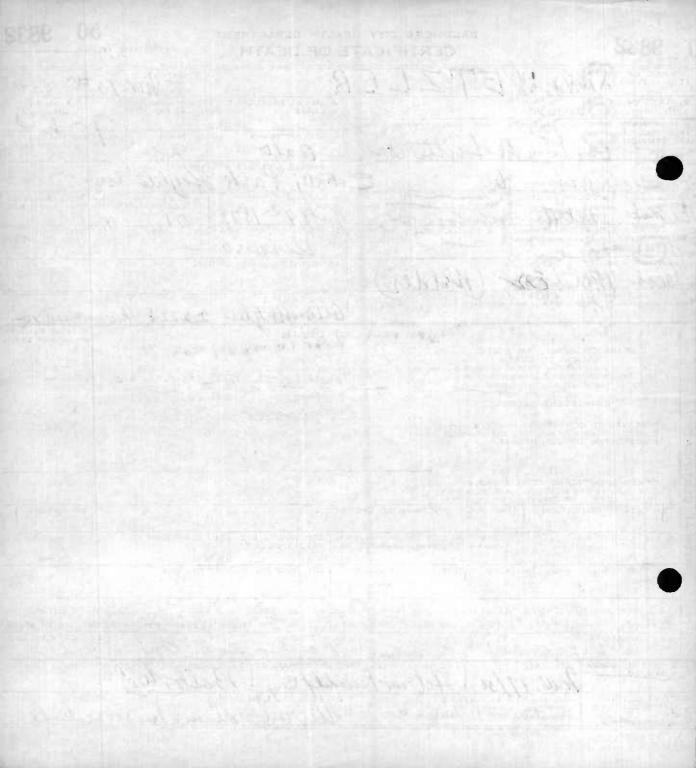
1	7-6										
0	002	4				HEALTH DEPART	V		50	9831	
BI	IRTH NO.	50-24	1677		CERTIFICA	TE OF DEATH	1	Registered	No.		
1. (T	NAME OF Cype or Print)	BECEASED	aba	Rac	Bras	0 5	1	OF 11	/16/	50	
3. A.	PLACE OF E Baltimore	City, Maryla				4. USUAL RESIDE	NCE (Whe			ion; residence before admission)	)
H	FULL NAME OSPITAL OR	OF (If not	in hospita	l or institution	on, give street addies locati		(If out	tside corporate lin	oits, write	RURAL and give	_
IN	ISTITUTION	Sina	11	Nos	ń	Halte	mo	ع	5	township	
(				0.77	Yr Mo		SS (If rur	al, give location)	1	6 -	
-	Length of	stay in Balti		7. FINGLE	Da	ys 227//	ead	owale	Il Under 1 Ye	we	
7	alo	What	E X		ED, DIVORCED (Spec	8. DATE OF BIRTH	9	last birthday)		ear If Under 24 Hours ays Hours Min.	
1 C	A. USUAL OC	of working life even	ive kind of n if retired)	10B. KIND	BUSINESS OR		tate or forei	e Med		TIZEN OF HAT COUNTRY	7
13	FATHER'S	NAME 6	)			14/MOTHER'S MAI	IDEA NAM	5	-		
A	tarol	Ed of	ra	gen		Kuth a	est	en			
Yes	s, no or onknown)	ED EVER IN U.	S. ARMED	FORCES? of service)	16. SOCIAL SECURITY NO	17. NFORMANT	Tras	20) —	ADDRES	S	
	18.	60.0.		S	CAUS	E OF DEATH				TERVAL BETWEEN	
	/	SE OR CONT				011		1 ./	ON	ISET AND DEATH	4
	(This doe	LEADING 7 s not mean the ure, asthenia, et	e mode of	dying, e.g.	, (A)	Sub Ara	chno	ed Akon	<b>\</b> :		
	injury or	complication	which ca	aused death.	) DUE TO						
,		ANTECEDEN	T CAUSI	ES							
2	DISEASE	S OR CONDIT	TIONS, IF	ANY, GIVING	(B)		***************************************	•		***************************************	
ζ,	UNDERL	THE ABOVE CA	TION LAS	ST.	E DUE TO						
1		- 11			(C)			*****		*****	
2		SIGNIFICANT G TO THE DEA	CONDIT								
3	TO THE	DISEASE OR CO	NOITION	CAUSING IT			• • • • • • • • • • • • • • • • • • • •	•••••••		0.44505040	
AL	ISA. DATE	OF OFERALIO	N Is	B. MAJOR	FINDINGS OF OF	ERATION				O. AUTOPSY?	1
5	21A. ACCID HOMICIDE	ENT. SUICIDE		21B. PLAG	CE OF INJURY (e. pres, factory, street, office blo	g, in or 21c. WHERE DI		n Baltimore City	, give exa	et location)	
Z Z			7								
	INJURY	(Month) (Day	(Year)	Harding 197	1E. INJURY OCCUI		INJURY O	CCUR?			
				m.	WORK AT WOR	K L	//	1/10	56		
			at I fitte	ended the c	leceased from	11/16 1950	, to			I last saw the	
	deceased a		110	, 19	na that death occ	curred at 12 m.,	from the	causes and on		DATE SIGNED	
	4	1/2	Lin	nex	00 lly. D.	der	al	Horso	11	116/50	
718	BURIAL, REMOVAL (	CREMA- 24B.	DATE /_/7.	2 2	40 NAME OF CEME	TERY OR CREMATORY	24D. LOC	ATION () ty, tow	n, or covin	(State)	
8	ATE RECEIVE	D BY REGI	STRAR'S	SIGNATUE	RE	35. FUNERAL DIRE	сток	// 0000	ADDR	ESS /	
LC	VAL REGIST	OFO +	- ci	流水	liams, Mill	Hack heive	ide	21006	cita	J 16	
1	VS 150	JJU	ē.			/			1	/	
					U				/	60a	

## BALTIMORE CITY HEALTH DEPARTMENT

50 9832

B	STATE NO.			CERTIFICAT	E OF DEATH	Registered No.	
1. (T	NAME OF D	A NNY	VET	ZLE	R	2. DATE OF DEATH NOV. 13	W 1930
	Baltimore	City, Maryland			4. USUAL RESIDENCE	Where deceased lived. If ins	titution: residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	630/0 a	rk Hu	ion, give street address or location)	Balto	If outside corporate Vinits,	vrite RUKAL and give township)
		stay in Baltimore		Mos- Days	6301 Park	Heights an	v
E	émale	Muts	WIDOW	NARRIED, VED, DIVORCED (Specify)	Auf 42 1879		er l Year H Under 24 Hours Days Hours Min.
1C	A. USUAL OC Redefine most	CUPATION (Giveking of working life, even if retire	dof 10B. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)   12	WHAT COUNTRY?
13	nech	Welds	W- (n	Veldes)	14. MOTHER'S MAIDEN	NAME	
YS (Yo	. WAS DECEAS	ED EVER IN U.S. ARI	MED FORCES?	16. SOCIAL SECURITY NO.	allawy teles	2 2128 Mor	ness
FICATION	(This doe heart failt injury or DISEASE RISE TO	SE OR CONDITION LEADING TO DI	EATH e of dying, e.; neans the diseas n caused death USES S, IF ANY, GIVIN (A) STATING TO	(B) Par	Cardiae ()	Cerles V.as,	2 2 m
CERTIF	TO THE	II SIGNIFICANT CON G TO THE DEATH, B DISEASE OR CONDIT	UT NOT RELAT	N - ED IT			
AL	19A. DATE	OF OPERATION	198, MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
IEDICAL	21A. ACCIDE HOMICIDE	ENT. SUICIDE. (Specify)		ACE OF INJURY (e. g., i farm,factory,street,office bldg.,		(If in Baltimore City, give	exact location)
M	D. TIME	(Month) (Day) (Ye		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID INJUR		
V		live on YV.	4 4	deceased from and that death occur	red at m., from	the causes and on the	that I last saw the date stated above.
	23A. SIGNA	Dr Bein	acs Co	la mo.	3B. ADDRESS Marchary	chapt "	11/16/83 .
TU	AA. BURIAL.	Specify) ha,	17/58	Hebrer Bu	RY OR CREMATORY 240)	Polle, Med	
076	SAL REGIST		A SIGNATU	liante, Marie	25, PUNERAL DIRECTOR	being bon 1902	EstarAl

NOV 1-71950



2	-55						Section 1		11/25/4	E0	0000
n	9833	2			TIMORE CITY				Registere	UC No.	9833
BIF	RTH NO.	,			CERTIFICA	ATE C	F DEATH			u 110.	
1. (T)	NAME OF Dope or Print)	ECEASE		Henry	Lachmann			64	2. date of death No	v. 14	,1950
Α.	PLACE OF DE Baltimore C	City. Ma	aryland			A. S	JSUAL RESIDEN	ICE (Whe	ere deceased lived	d. If institu	tion: residence bel re admission)
B. I	SPITAL OR	OF (I	f not in hospit	al or institut	ion, give street nddre locat	ss or cion) c. C	Md.	(If ou	tside corp	limits, write	e RURAL and give
IN	STITUTION	171	5 Abbo	ttston				imore			· · · · · · · · · · · · · · · · · · ·
	Length of s	tow in I	Raltimora		M	rs. D. S los.	1715 Abb			1)	
	SEX		OR OR RACE	7. SINGL	E, MARRIED,	8.0	ATE OF BIRTH		AGE (In year	s If Under 1	Year II Under 24 Hours Days Hours Min.
1	male	wh	ite	1	ried (Sp	Mc	h. 10,18	85	65		
10.	A. USUAL OC done during most			108. KINE	OF BUSINESS OF	TRY	BIRTHPLACE (St		ign country)	12. C	ITIZEN OF VHAT COUNTRY?
	Wareho		an		. Dist.		Baltimor		-	1 1	JA.
13	. FATHER'S N			D	IISTILL ERY	14.	Carolin				
15	Joh . was deceasi		chmann	n FORCES?	I 16. SOCIAL		INFORMANT	e Due	enrer.	ADDRE	SS
	, no or unknown)				216-01-43			hmanr	1715 A		
	18. 42	2.1			CAU	SE OF	DEATH		0		NTERVAL BETWEEN
	DISEA		CONDITION NG TO DEA			(Var	n din Ve	boul	16 Misia	02	3, 600
	heart fails	s not me ure, asthe	an the mode nia, etc. It me ation which	of dying, e. ans the disea	se,			3-000	NC 000000		20
	,		EDENT CAU			10,	. Vani				2 900
Z	DISFASE	S OR CO	NDITIONS,	IF ANY, GIVI	(B)	000	1) Il and I was				A
RTIFICATION	RISE TO	THE ABO	VE CAUSE (A	STATING T	HE OUE TO						
FI			11		(C)						
	OTHER	SIGNIFI	CANT CONE	ITIONS CO	on -						
CE	TO THE	DISEASE	E OEATH, BUT	N CAUSING	17.	ODEDATIO	NAI				20. AUTOPSY?
۲	19A. DATE	OF OPER	RATION	198. MAJOR	R FINDINGS OF	OPERATIO	214				YES NO
EDICA	21A. ACCID HOMICIDE	ENT, SU (Spec	ICIDE, ify)	2 1B. PL about home	ACE OF INJURY (	(e. g., in or bldg., etc.)	21c. WHERE DI		in Baltimore C	City, give e	xact location)
3	ID. TIME	(Month)	(Day) (Year	(Hour)	21E. INJURY OCC	URRED	21F. HOW DID	INJURY	occur?		
	INJURY			m.		WHILE				10	
	22. I here	hu certi	fuethat I a		e deceased from_	144					at I last saw th
	deceased of			19 50	, and that death	occurred		from the	e causes and	on the do	te stated above
	23A SIGNA	TURE	111 -	- 24		7.	ADDRESS HO	for	-0-R	11	- 16 - 30
2	4A BURIAL	CREMA	0 0 4.	nen	24c, NAME OF CE	METERY C	RCREMATORY	24p. LO	CATION (City,	town, or co	ounty) (State)
TI	on REMOVAL (		17/75	3/50	Parkwoo				Baltimo	re	Md.
0	ATE RECEIV		REGISTRA	S SIGNAT	URF	25	FUNERAL DIRI	ECTOR		ADI	DRESS
1	OCAL REGIS	350	Therities	you I'm	liants, Mills	þ1	arence E.	Hoff	mann 16	39 Br	oadway.
	VS 150				970	46				6	742

Par Kamery 2700 may man Just CLICILOV CV というかんと サルデ

50 <sub>H</sub> No.9834	CERTIFICATE	E OF DEATH	Registered No.	9834
Type or Print) Mas Liff	an M. Duitsc	her	2. DATE OF DEATH	16-50
B. PLACE OF DEATH:  A. Baltimore City, Maryland		4. USUAL RESIDENCE (W		titution: residence before admission)
B. FULL NAME OF (If not in hospital HOSPITAL OR	location)	c. CITY OR TOWN (If	outside corporate imits w	OI
NSTITUTION BON SECONS	Hospital.	Balto	Jutside corporate minus w	township)
gth of stay in Baltimore	Life Yrs. Mos. Days	2110 F Medic	rural, give location)	- (2110)
Fundle White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	12 - 19 - 82	9. AGE (In years li linday) Month	er l Year   If Under 24 Hours   Hours   Min.
OA. USUAL OCCUPATION (Give kind of ork doop during most of working life, even if retired)	108. KIND OF BUSINESS OR , INDUSTRY	11. BIRTHPLACE (State or for	reigh country)   12	CITIZEN OF
HOUSE Wife	VomEstie	Salvo	4	1. S. H.
3. FATHER'S NAME	1	14. MOTHER'S MAIDEN NA	- / .	
5. WAS DECEASED EVER IN U. S. ARMED I	FORCES? 1 16, SOCIAL		BATZELL	
es, oo or uokoowo) (If yes, give war or dates o	SECURITY NO.	17. INFORMANT	ADD!	RESS
NO NONE	NONE	IRYMAN HEPTING	4012 HAIR	FAX KOAN
DISEASE OR CONDITION DE		OF DEATH		DNSET AND DEATH
LEADING TO DEATH (This does not mean the mode of	than.	A Jailver	9	
heart failure, asthenia, etc. It means	the disease,		<del></del>	
		, , ,		
ANTECEDENT CAUSE	Siver	tipulitis p	Liamois	
DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST	ANY, GIVING			
UNDERLYING CONDITION LAST	Benign / UM	or of adrin	al oland	(over)
OTHER SIGNIFICANT CONDITI	ONS CDN-			BEAUTIE
TRIBUTING TO THE DEATH, BUT NO TO THE DISEASE OR CONDITION O				
19A. DATE OF OPERATION 198	B. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY1
7				YES ND
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., et		f in Baltimore City, give	exact location)
21D. TIME (Month) (Day) (Year) (I	Hour) 21E. INJURY OCCURRE	D 21F. HOW DID INJURY	OCCUR1	
	m. WHILE AT NOT WHILE			
22. I hereby certify that I atter	aded the deceased from	-10 - ,1950, to 11	-16 1950t	hat I last saw the
deceased alive on 11-16	1950, and that death occur	red at 2. V5 m., from th	e causes and on the	date stated above
23A. SIGNATURE		3B ADDRESS		3c. DATE SIGNED
161		Don Secoves	14059 1	1-16-50
ON REMOVAL (Specify)	24C. NAME OF CEMETER	RY OR CREMATORY 24D. LC	CATION (City, town, or	county) (State)
DYALAL MOV. 20,1	180 Loudon to	25. FUNERAL DIRECTOR	LLIMORE	174
OCAL REGISTRAN'S	SIGNATURE	GEO. L. Schwa	6 2101 Has	STERICK
VS 150	72084		56E	AUIT
	1000			

7208A

When antiger finding become arailable, please a see of termor of advance gland was malignant or benign.

See Document File 50-9834 for full P.A.B. report 12/7/50 -- ES

.

Con Di

1	210				
5	0 9835 RTH NO.	BALTIMORE CITY HEA CERTIFICATE		Registered No	9835
1.	NAME OF DECEASED	= LizabetH	Thorpe	2. DATE OF DEATH NOV. 15.	1950
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If institution B. COUNTY	
H	FULL NAME OF (If not in hospital or ins OSPITAL OR ISTITUTION	titution, give street address or location)	C. CITY OR TOWN (If	outside corporate limits, wri	UWAL and give
()	1 2035 HoLLin	s St.	BALTIMORE OF STREET ADDRESS (If I	ural, give location)	township)
c.	Length of stay in Baltimore	Life Mos. Days	2035 HoL	Lins St.	
5.	SEX 6. COLOR OR RACE 7. SIN	DOWED, DIVORCED (Specify)	B. DATE OF BIRTH	9. AGE (In years   H Under   last birthday)   Months	
		IND OF BUSINESS OR 1	EP.C. 15, 1889		ITIZEN OF
	SALESLA dy	BAKERY (R)	MARYLAND	U.	S. A
10	BENJAMIN VOU		MALORENCE	ME	
15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FORCE s, no or nutrown) (If yes, give war or dates of service	S? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRE	ss
_	NO NONE	218-07-62867	helma KersehKE	2035 Hollins	ST.
	DISEASE OR CONDITION DIRECT	CAUSE O	F DEATH		NSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying heart failure, asthenia, etc. It means the d injury or complication which caused of	, e. g., (A)isease,	Cercinoma	of symme	141.1
	ANTECEDENT CAUSES				
ERTIFICATION	DISEASES OR CONDITIONS, IF ANY, ( RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST.				
F	11	_(C)			•••••
CERT	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RE TO THE DISEASE OR CONDITION CAUSI	LATED			
		JOR FINDINGS OF OPERA	TION		20. AUTOPSY?
EDICAL	21A. ACCIDENT. SUICIDE.   21B.	PLACE OF INJURY (e. g., in o ome, farm, factory, street, office bldg., etc.		in Baltimore City, give e	xact location)
Σ	21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F, HOW DID INJURY	OCCUR?	
	22. I hereby certify that I attended	the deceased from	1 19 49 to 16	5 15, 1950, the	t I last sam the
	deceased alive on 1/15, 195	_, and that death occurre	ed at 5:15 Am., from th	e causes and on the da	te stated above.
	23A. SIGNATURE	iller M.D.	20 30 UKD/	ensave 11	16/12
24 TIC	A. BURIAL, CREMA, 24B. DATE DN, REMOVAL (Specify)	24c. NAME OF CEMETERY	OR CREMATORY 24D. LO	CATION (City, town, or eo	anty) (State)
	ATE RECEIVED BY REGISTRAR'S SIGN	ATURE 2	5. FUNERAL DIRECTOR	ALLINORE, MA	RESS
-	NOV 1 7 1950 Junto for 1/2		GEO.L. Schuab	2101 FREDERIC	K Aue.

VS 150

490 6A

TOTAL MY NEAR TOTAL TERMS

### BALTIMORE CITY HEALTH DEPARTMENT

50 9836

Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF SOPHIA MTI.I.ER DEATH November 15. 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: before admission) A. STATE B. COUNTY A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) (If outside corporate limits, write RURAL and give c. CITY OR TOWN INSTITUTION township) Lutheran Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos th of stay in Baltimore 1726 N. Smallwood Street Days 9. AGE (ln years 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH If Under 1 Year If Under 24 Hours 7. SINGLE, MARRIED last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) female white widowed Jan. 26, 1881 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10B. KIND OF BUSINESS OR mrk dane during most of warking life, even if retired) INDUSTRY WHAT COUNTRY Housewife at home Germany 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Marie (?) Michael Herman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Mrs. A. Hungelmann - 519 Normandy Ave. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Hypertensive cardiovascular disease (This does not mean the mode of dving, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) .... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIBabout hame, form, factory, street, office bldg., etc.) INJURY OCCUR? UTING [] CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT WORK AT WORK 22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thercon and from Autopsy, Inspection or Inquiry the cvidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes Z, accident \( \subseteq \), suicide \( \subseteq \), homicide \( \subseteq \), undetermined \( \subseteq \). 23B, CHIEF MEDICAL EXAMINER..... 23c. DATE SIGNED 23A. SIQNATURE ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-24B. DATE Balto. 11/18/50 Holv Redeemer Cem Burial ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR

V S 151

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No . NAME OF DECEASED 2. DATE Type or Print) OF RAYMOND CHRISTHILF BRYANT. SR. Nov. 15, 1950 DEATH PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence ASTATE B. COUNTY before admission) . Baltimore City, Maryland (If not in hospital or institution, give street address or FULL NAME OF OSPITAL OR (If outside corporate limits, write RURAL and give c. CITY OR TOWN NSTITUTION township 3756 Beech Avenue Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 3756 Beech Ave. . Length of stay in Baltimore Days Il Under 1 Year 6. COLOR OR RACE 8. DATE OF BIRTH S. SEX 7. SINGLE, MARRIED 9. AGE (In years) If Under 24 Hours WIDOWED, DIVORCED (Specify)
married last birthday) Months Days Hours | Min. mala white Jan. 28, 1893 57 OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF rk done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Refrigerator Equipment Maryland 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George A. Brvant Carrie Christhilf 5. WAS DECEASED EVER IN U, S. ARMED FORCES?

(e., no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. World War No. 1 Mrs. Frances P. Bryant-3756 Beech 18. CAUSE OF DEATH ONSET AND DEATH 20 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21n. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK 22. I hereby certify that I attended the deceased from . July 1 Mou 15 , 1957 that I last saw the 19.57/ to A Com., from the causes and on the date stated above. deceased alive on Mod & 1950, and that death occurred at\_ 23c. DATE SIGNED 23A. SIGNATURE 238, ADDRESS 11/16/50 · Soudborn 2023 240. LOCATION (City, town, or county) 24C. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-24B, DATE ION, REMOVAL (Specify) 11/17/500 Burial Druid Ridge Com. Pikesville. DATE RECEIVED BY 25 FUNERAL DIRECTOR ADDRESS REDISTRAR'S SIGNATURE LOCAL REGISTRAR

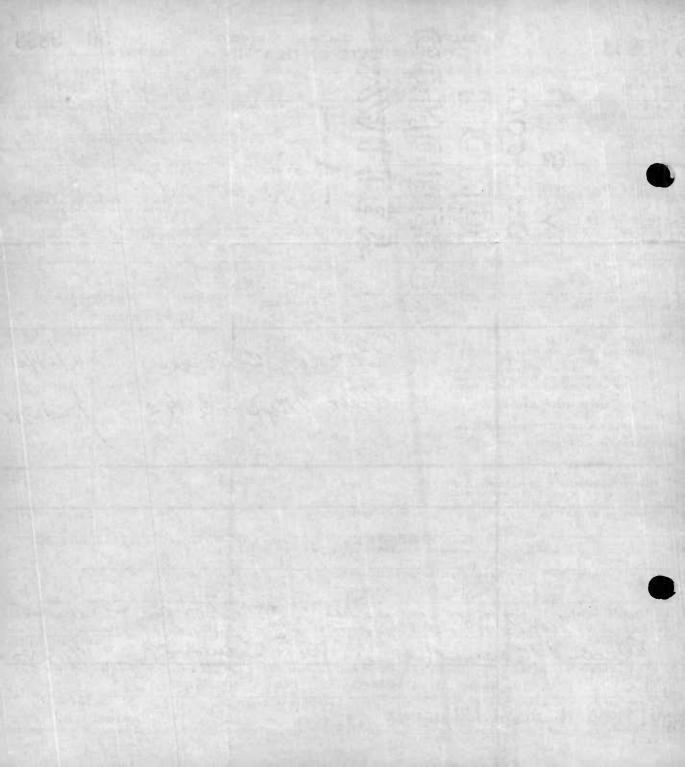
VS 150

H . H . W . E . in the first of the file of the control of the TOAYY . SERVICE The state of the s A CONTRACT OF STREET OF STREET OF STREET T. CO. WELL BENEVAL AND A SHIPLE VON.

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 9838

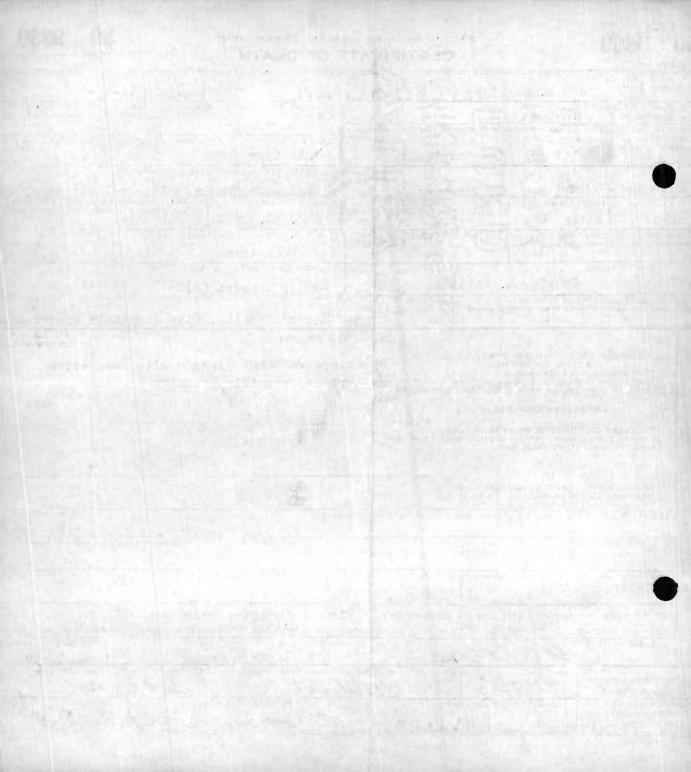
Registered No CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE Type or Print) OF Nov. 16, 1950 ANNA REBECCA ACKERMAN 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A Baltimore City, Maryland 2310 E. Fairmount Ave. A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate Amits, write KURAL and give NSTITUTION township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. . Length of stay in Baltimore 2310 E. Fairmount Ave. Days AGE (in years | If Under I Year | If Under 24 Hours | Last birthday) | Months Days | Hours | Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years) WIDOWED, DIVORCED (Specify) May 27, 1877 Thite Married OA. USUAL OCCUPATION (Give kied of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Baltimore, Md. At home 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary E. Mevers Paul Meyers 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL 17. INFORMANT ADDRESS es, no nr unknown) (If yes, give war or dates of service) SECURITY NO. Charles Ackerman 2310 E. Fairmount Ave. No 18. INTERVAL BETWEEN CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY Ur. My cordi tes LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH In TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE! AT WORK 22. I hereby certify that I attended the deceased from. , that I last saw the deceased alive on May 16, 1950, and that death occurred at 44 m, from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 4A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 48. DATE ION, REMOVAL (Specify) Nov. 18, 1950 First United Evan. Cem, Baltimore. Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS Lutington Holland, M. #11rich Runeral Home 2008 Orleans St.



## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

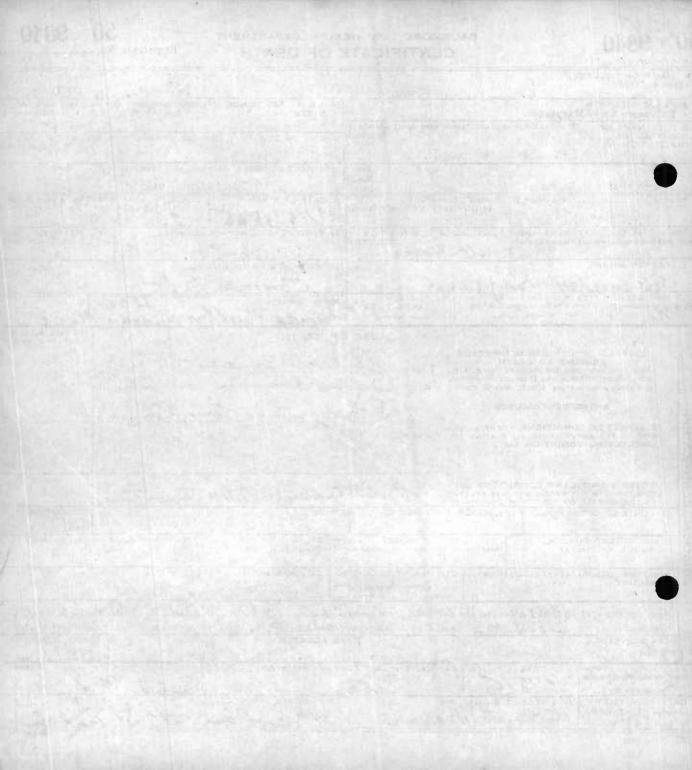
Segistered No. 9839

BIRTH NO.			
NAME OF DECEASED Type or Print) John S. Hemb	oling (HELMLI	NG)   2. DATE OF DEATH   11-1	5-50
B. PLACE OF DEATH:  A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If in B. COUNTY	nstitution : residence before admission)
B. FULL NAME OF (If not in hospital	or institution, give street address or location)	Maryland  C. CITY OR TOWN (If outside corp, rate limits)	write HoRAL and give
NSTITUTION Baltimore Ci	ty Hospitals	Baltimore	township)
	Yrs.	D. STREET ADDRESS (If rural, give location)	
c. Length of stay in Baltimore	81 Yrs. Mos. Days	PatansaaxAvenue Baltimore	
Male White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	Aug. 14, 1869  9. AGE (In years last birthday) 81  Mont	ths Days Hours Min.
OA. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)	10в. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  Marylnad	2. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Charles A.		Sophia Stewart (D)	
5. WAS DECEASED EVER IN U. S. ARMED F (1f yes, give war or dates of	forces? 16. SOCIAL SECURITY NO.	17. INFORMANT AD Records* Balto. City Hospita	DRESS 4940 ls Easrern ve
(This does not mean the mode of heart failure, asthenia, etc. It means in jury or complication which can antecedent Cause  ANTECEDENT CAUSE  DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) SUNDERLYING CONDITION LAST	any, giving artains the disease, used death.)  S  ANY, GIVING DUE TO  T.  (C)	tensive Heart Disease with Con re and possible Coronary Occlu	-
TO THE DISEASE OR CONDITION O		ATION	20. AUTOPSY?
SALE OF OFERATION	5. 11/1001		YES NO
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	218. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e	a or 21c. WHERE DID (If in Baltimore City, gi- located) INJURY OCCUR?	ve exact location)
D. TIME (Month) (Day) (Year) (I	Mour) 21E. INJURY OCCURRE  MHILE AT NOT WHILE  MORK AT WORK		
22. I hereby certify that I attendeceased alive on 11-15,	19, 50, and that death occur	red at 6:55 nR., from the causes and on the	
23A. SIGNATURE	16000	38. ADDRESS 4940 Eastern Avenue	11-16-50
24A. BURIAL, GREMA: 24B. DATE	24C. NAME OF CEMETER		
DATE RECEIVED BY REGISTRAR'S LOCAL REGISTRAR	SIGNATURE WILLIAMS	25. FUNERAL DIRECTOR WM Gok Inc. 1217 St. F.	ADDRESS
VS 150	Only a four	1 0 3	1



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Mrs. Lillie Mae Emmons DEATHNOV. 16, 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) St. Joseph's Hospital Baltimore Yrs. O. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 5316 Hamilton Avenue Days 5. SEX 6. COLOR OR RACE 9. AGE (In years) 7. SINGLE, MARRIED. 8. DATE OF BIRTH If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Widowed IOA. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY None Baltimore. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FOROES? Yes, no or onknowe) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or onknowo) SECURITY 160 NTERVAL BETWEEN 18. CAUSE OF DEATH DISET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20 ALITOPS 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., io or eboot home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY 22. I hereby certify that I attended the deceased from 11/10/ 19 50to . 1950, that I last saw the deceased alive on 11/16/, 1950, and that death occurred at 1:30P, m, from the causes and on the date stated above. 23A, SIGNATURE 23c. DATE SIGNED 1400 N. Caroline Street 24A. BURIAL, GREMA 24D, LOCATION (City, town, or county) 24B, DATE 24C/NAME OF CEMETERY OR CREMATORY Suntak DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE

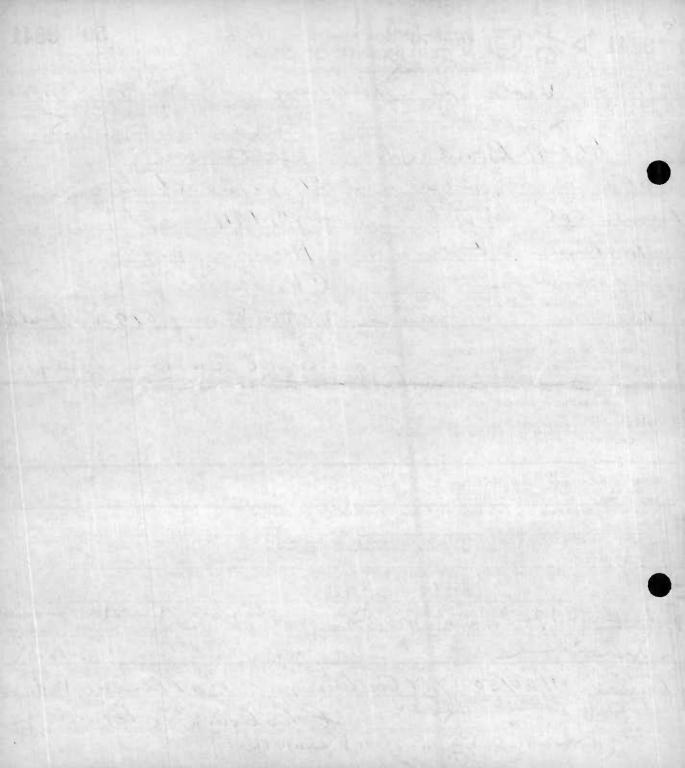
VS 150



6	0	6	)
) BIRT	98	34	1
I. NA	AME or P	OF	
	ACE		

# BALTIMORE CITY HEALTH DEPARTMENT

IRTH NO.	CERTIFICAT	E OF DEATH	Registered No.	
NAME OF DECEASED Type or Print)  Lola	B. Mi	crace	2. DATE OF DEATH NOV.	15,1950
. PLACE OF DEATH: . Baltimore City, Maryland		4. USUAL RESIDENCE	(Where deceased lived, If ins	
FULL NAME OF (If not in hospital or institu	ation, give street address or	md		05
NSTITUTION 519 M Bon	d St.	120to	If outside corporate limits, i	township)
. Length of stay in Baltimore	Yrs. Mos. Days	519 W. B	ond of.	
Memule Col 7. SINGI. WIDO	E MARRIED. WED, DIVORCED (Specify)	Suly 11, 1911	9. AGE (in years little last birthday) Month	der I Year If Under 24 Hours hs Days Hours Min.
OA. USUAL OCCUPATION (Givekind of the done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	IV. BIRTHPLACE (State or	foreign country)   12	2. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME	19	14. MOTHER'S MAIDEN	NAME	
unknone		(harlese	Ita Beve	rly
5. WAS DECEASED EVER IN U. S. ARMED FORCES?  (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADD ADD	Bondin
18. UV2 Y		OF DEATH	July 0,911	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	11		V	ONSET AND DEATH
(This does not mean the mode of dying, e. hcart failure, asthonia, etc. It means the disea	8., (A) Hyp.	vtensive c	CAVU 10 -	SLUYYS
injury or complication which caused deat	h.) DUE TO	LINUI JISTI	ILIC	
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, IF ANY, GIVI	(B)			
UNDERLYING CONDITION LAST.	(C)			
OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE DEATH, BUT NOT RELAT TO THE DISEASE OR CONDITION CAUSING	ED			
	FINDINGS OF OPER	ATION	HII HII	20, AUTOPSY?
0				YES NO
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home,	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	to.) 21c. WHERE DID INJURY OCCUR?	(If in Baltimore City, give	e exact location)
Zin TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJUR	RY OCCUR?	
m.	WORK NOT WHILE			
22. I hereby certify that attended the	deceased from 1	n RAYNER m from	the causes and on the	that I tast saw the
23a. SIGNATURE		BALTIMON	(2)	23c. DATE SIGNED
AA. BURIAL, CREMA- 24B. DATE	24c. NAME OF CEMETE		AGGATION (City, town, or	county) (State)
Dunal 1/20/50	My Cul		Saltumor	e md.
PEGISTER STORY	Manue, Mar	25. FUNERAL DIRECTOR	11 /1	W. Barre
				AA



6	2	2		
50	98	342		
BIRTH	NO.			
1. NAM (Type o	E OF r Print	DECE/	ASED	

0 9842	EDTIEICATI	ALIA DEPARTMENT	Registere	INO JOHE
RTH NO.	EKIIFICAI	E OF DEATH	/ tegistere	I NO.
NAME OF DECEASED DOROTHY	L.BRIESA	CHER	2. DATE OF NO	OV. 15,1950
PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (		If institution: residence before admission)
FULL NAME OF (If not in hospital or institution DSPITAL OR STITUTION	, give street address or location)	C. CITY OR TOWN (	If outside corporate lin	mits, write RURAL and give
2 South Baltimore General	l Hospital	Raltimore		township)
I th of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (I	f rural, give location)	
SEX   6. COLOR OR RACE   7. SINGLE, M		B. DATE OF BIRTH	9. AGE (In years)	If Under   Year   If Under 24 Hours   Months Days   Hours Min.
A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
FATHER'S NAME		Maryland 14. MOTHER'S MAIDEN	IAME	WHAT COUNTRY
George F. Hirsch		61	ertiey	
. WAS DECEASED EVER IN U. S. ARMED FORCES? (In or unknown) (If yes, give war or dates of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	esacher	ADDRESS
18. 600./	CAUSE (	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Acul	te Pyeloneph	retis	54 days
ANTECEDENT CAUSES		iple alsunes	of the Kidn	ay .
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) BLA	ng Ansons of	t do cotace s	(over)
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
	INDINGS OF OPERA	ATION		20. AUTOPSY?
2   1 nin Black	OF INDERV	al ate whiche bib	(If in Dataine City	YES NO L
	E OF INJURY (e. g., in a, factory, street, office bldg., et	tor 21c. WHERE DID INJURY OCCUR?	(II III Baltimore City	y, give exact location)
NJURY	E. INJURY OCCURRE	D 21F, HOW DID INJUF	RY OCCUR?	
22. I hereby certify that I attended the de	ORK AT WORK	1. 21 105 Aug 1	VOV 14 10	50 that I last saw the
deceased alive on Nov. 14, 19 50. and	d that death occur	red at 5:10 a.m., from	the causes and on	the date stated above.
Martin C. Maenauha	2:	Se Rate Si	Hosn	23c. DATE SIGNED
	C. NAME OF CEMETER		LOCATION (City, tov	vn, or county) / State)
TE RECEIVED BY REGISTRAR'S SIGNATURE	///	25. FUNERAL DIRECTOR		ADDRESS
OV 1 7 1950 Turkington Willis	wee, All	Acres Y. C	u Care	7
VS 150	(2)-)	130 €. TON	T POUSI	1202

beense us f termer of hedrey, see maley, and

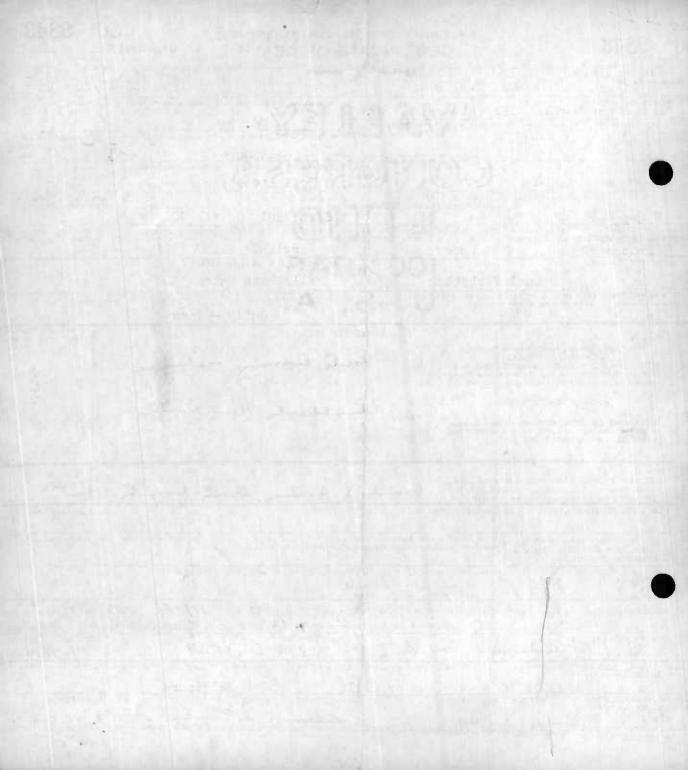
"There are no kidney tumors. The lesions proved to be abscesses"

See Document File 50-9842

12/4/50 ES

(Type or Print)

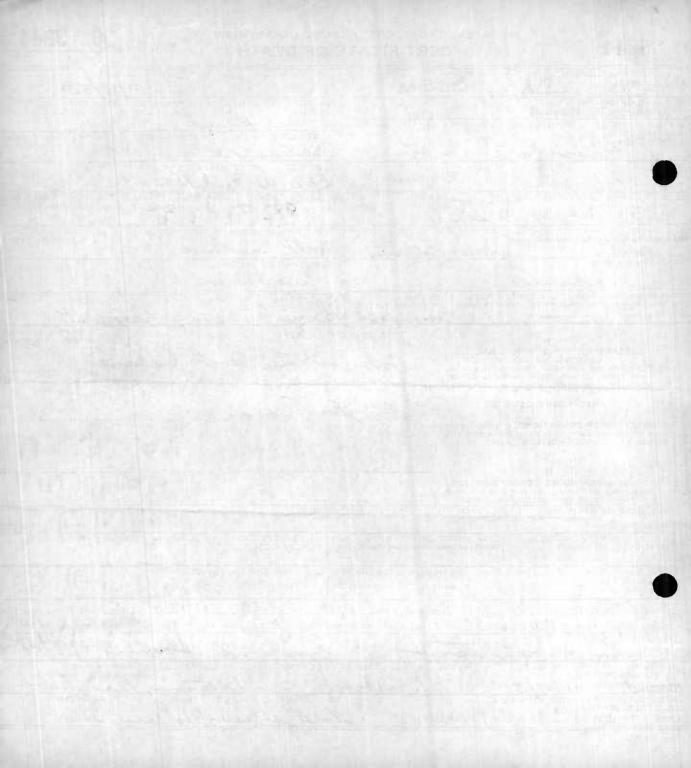
9843 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE NORA W. BURGESS DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland I4II Riverside Ave. A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write Holland give INSTITUTION township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. agth of stay in Baltimore I4II Riverside Avenue Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years If Under I Year last birthday) | Months: Days | Hours: Min. W 5/I3/I89I 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housework Maryland Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samuel Tarbutton Elizabeth Eaton 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Family - Same No INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WHILE AT WORK AT WORK . 1973 to ///15/, 1950, that I last saw the 22. I hereby certify that I attended the deceased from A. deceased alive on 10/2/ \_\_, 195°, and that death occurred at 🍞 [A.m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL CREMA-TION, REMOVAL (Specify) 24c. NAME of CEMETERY OR CREMATORY 40. LOCATION (City, town, or county) 24B, DATE Baltimore II/I8/50 DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS



1						
	QQAA		EALTH DEPARTMENT	,50	9844	
В	IRTH NO.	CERTIFICATI	E OF DEATH	Registered No		
1.	NAME OF DECEASED DAY	, CLEM		2. DATE OF DEATH 11/12/3	50	
_	. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W)		ution : residence before admission)	
В.	FULL NAME OF (If not in hospital of	or institution, give street address or		L	before admission)	
11	OSPITAL OR	d ll location)	C. CITY OR TOWN (If o	outside corporate l'infit wri	te AVIta L and give township)	
3	Trovident	Negs.	Dallemore		Co williams	
c.	Length of stay in Baltimore	30 years Mos. Days	502 W. B.	ural, give location)		
5.	SEX 6. COLOR OR RACE 7	SINGLE MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years If Under )	Year   H Under 24 Hours	
	Male Negro	Single	1872	last birthday) Months	7 Hours Min.	
vor.	OA. USUAL OCCUPATION (Give kind of k doze during most of working life, even if retired)	OB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for		CITIZEN OF WHAT COUNTRY	
13	B. FATHER'S NAME	oruging whenty	14. MOTHER'S MAIDEN NA	ME		
	unknown		senkraun			
(Ye	5. WAS DECEASED EVER IN U. S. ARMED F. (1f yes, give war or dates of	ORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRE	ss	
	No	219-01-0064	Georgia Phillips	-721 George	st	
FICATION	DISEASE OR CONDITION DILEADING TO DEATH (This does not mean the mode of cheart failure, asthenia, etc. It means injury or complication which cause ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) STUNDERLYING CONDITION LAST.	dying, e. g., the disease, sed death.)  DUE TO  INY, GIVING FATING THE  DUE TO	bertasin	& Disease	DNSET AND DEATH	
RTIFIC	(C)					
L	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED					
O.	TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERATION					
A	0		YES NO			
EDICAL	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bidg., etc.)  21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?					
Σ	21b. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED   21f. HOW DID INJURY OCCUR?  WHILE AT   WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK					
	22. I hereby certify that I attend		10 1950 to 1	1/12 105046	at I last saw the	
		1950, and that death occur				
	23A GIGNATURE H. Hole		B. ADDRESS . L. A		C. DATE PIGNED	
24	4A. BURIAL, CREMA- 24B. DATE DN. REMOVAL (Specify)	24c. NAME OF CEMETER	RY OR CREMATORY 24D. LO	CATION (City, town, or con		
	Jurial 11/17/51	mt. autus	N Baci	timore. Man	elso I	
	ATE RECEIVED BY REGISTRAR'S S	11/11.	25. FUNERAL DIRECTOR	ADD	RESS	
-	NY 1 71950 tunter for	Millians, Mes	Now. a. Jackson -	916 Tenna, as	w,	

VS 150

77092 093 d

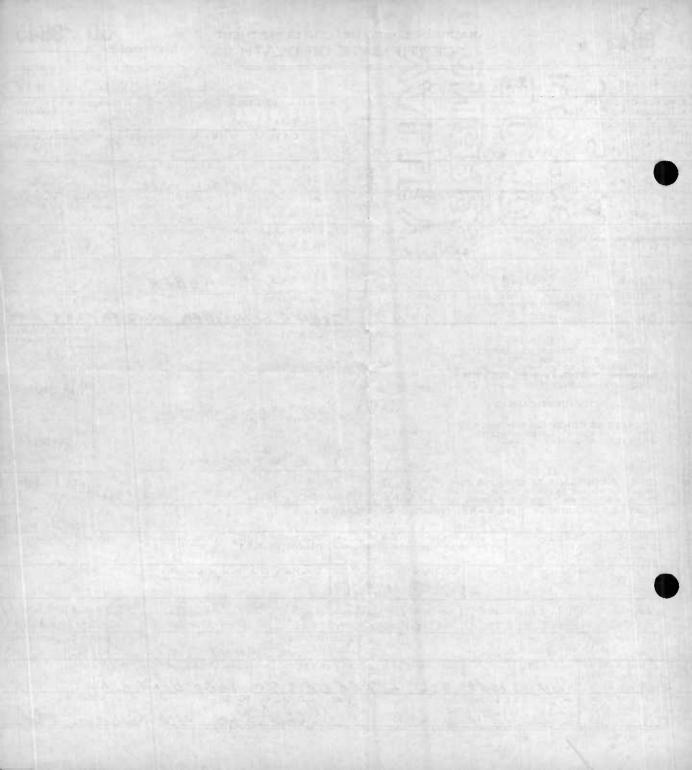


50 . 9845

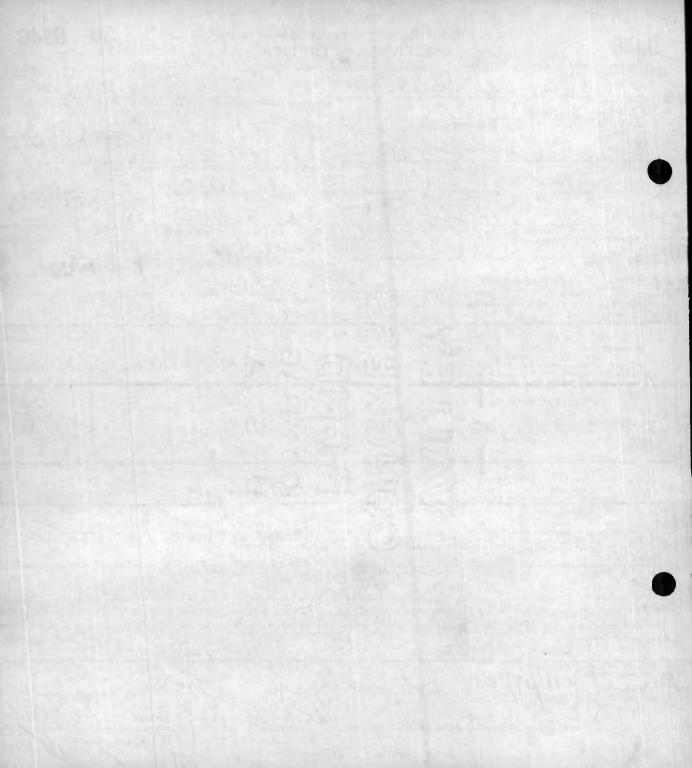
U	9840		CERTIFICATE OF DEATH Registered No.					
===	IRTH NO.	FOFLORD				13		
(Type or Print) MARY 8. SCHNEIDER						2. DATE OF DEATH	Nember 16,1957	
3. PLACE OF DEATH: A. Baltimore City, Maryland					4. USUAL RESIDENCE	Where deceased lived B. COUNTY	If institution: residence before admission)	
H	FULL NAME OSPITAL OR	OF (If not in hospit	al or institut	tion, give street address or location)		f outside corporate li	mits, write RURAL and give	
11	Hamp	Energy mis	Horite	d	Bultimore.	City	township)	
0	ength of st	tay in Baltimore		69 - Yrs. Mos. Days	D. STREET ADDRESS (If	rural, give location)		
_	SEX	6. COLOR OR RACE		E, MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Year   If Under 24 Hours Months: Days   Hours   Min.	
<u> </u>	-smale	white	Mari	el	20W 18' 1881	169 69		
VOL	k done during most 6	CUPATION (Give kind of f working life, even if retired)	111111111111111111111111111111111111111	O OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or 1	foreign cóuntry)	WHAT COUNTRY	
13	FATHER'S N	IAME	- 4/	HOME	14. MOTHER'S MAIDEN N	IAME	1 0.011	
	Herman	B. Hart	man		Mary &	KOBER		
1: (Ye	. WAS DECEASE	D EVER IN U, S. ARMET	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	70007	ADDRESS	
	No			NONE	JOHN C. SCHNEI	DEN 400 2	TATLOR AVE	
	18. 4	16 V .		CAUSE	OF DEATH		INTERVAL BETWEEN	
	DISEASE OR CONDITION DIRECTLY						O Jan >	
	(This does not mean the mode of dying, e.g.,				رم		saugo:	
	heart failu	heart failure, asthenia, etc. It means the disease,				***************************************	. 41	
	injury or complication which caused death.) DUE TO						West brown	
7	antecedent causes arter was nephrosclerois.							
NO.	DISEASES	DISEASES OR CONDITIONS, IF ANY, GIVING						
A	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST,							
<u>S</u>				0	a. a atain	2.02.00		
F	(c) Therefore Wellow der one							
ERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH. BUT NOT RELATED MINE MOUNTED TO MISSISSIPPLY OF MISS							
0		THE DISEASE OR CONDITION CAUSING IT.					20. AUTOPSY?	
CAL		~					YES NO	
EDIC	21A. ACCIDENT. SUICIDE, HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., io or ebout home, farm, factory, street, office bldg., etc.)  21c. WHERE DID (If in Baltimore City, give exact location)							
Σ	21b, TIME (Month) (Day) (Year) (Hour)   21E, INJURY OCCURRED   21F, HOW DID INJURY OCCUR?							
	INJURY  m. WHILE AT HOT WHILE AT WORK							
	22. I hereby certify that I attended the deceased from NO 13 , 1950 to NO 16 , 1950 that I last saw the							
	deceased alive on 16, 1950, and that death occurred at 8:30 Am., from the causes and on the date stated above.							
	23A. SIGNATURE 23C. DATE SIGNED							
	1 Japa	mus. min	ma,	м. D.	Manher Janas	5 Moshs	1101-16,1950	
71 TI	4A. BURIAL, CON, REMOVAL (S	REMA- 24B. DATE pecify)		24C. NAME OF CEMETE	RY OR CREMATORY 24D. L			
	BURIA			HOLY REDE		30 BFLAIR		
	ATE RECEIVED		S SIGNATU	JRE	25. FUNERAL DIRECTOR		ADDRESS	
A	JUV 1 / 19	50 Muniting	or / / while	Later A Later	Depol 1200	7110 03	elair bld	

VS 150

061.0



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No 1. NAME OF DECEASED (Type or Print) 2. DATE WILLIAM RICHARD NOU 14, 1950 DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporated in its write RUKAL and giv HOSPITAL 4 NIUFRSITA BALTIANOKE D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years If Under I Year last birthday) Months Days Hours Min. ANALE SINGHE 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTR SHINEK antun 13. FATHER'S NAME WITHING 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. RECORDS HOSPITAN NW ONTWO 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH HRONIC GLOMERUKONEPHRITS (This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It means the discase. injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-BRON LOTO PNE a LAONIA TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20 AUTOPS EDICAL 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY , 1950, to NOU 14, 1950 that I last saw the 22. I hereby certify that I attended the deceased from NOV deceased alive on Nov 14, 1900, and that death occurred at 11:15 A.m., from the causes and on the date stated above. 23A, SIGNATURE 23c. DATE SIGNED 11-14-50 BURIAL CREMA-LREMOVAL (Specky) miria DATE RECEIVED BY REGISTRAK'S SIGNATURE FUNERAL DIFECTOR ADDRESS VS 150



BALTIMORE CITY H	EALTH DEPARTMENT	50	9817			
TH 9847 CERTIFICAT	E OF DEATH	Registered No.	0047			
NAME OF DECEASED GEORGE W. E	LDRIDGE	2. DATE OF Moderale	en 11,1950			
PLACE OF DEATH: Baltimore City, Maryland Balto, City	4. USUAL RESIDENCE (W	here deceased lived. If instit B. COUNTY	tution: residence before admission			
ULL NAME OF (If not in hospital or institution, give street address or spiral or location, give street address or location give street address or location give street address or location gives a give street address or location give street address or location gives a given give street address or location gives a give street address or location git		outside corporate limits, wri				
220 Chesaneake Ave	Baltimore Cit		township			
Yrs. Mos.	D. STREET ADDRESS (If r					
EX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years H Under)				
le Col. Married	6/29/1896	54	Days Hours Min.			
one during most of working life, even if retired)  Wher  Wher  Where Seven is retired in the life of t			CITIZEN OF WHAT COUNTRY			
FATHER'S NAME	Buckingham Co		D.A.			
John Eldrige	Unkown					
WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL  SECURITY NO.	17. INFORMANT Henry Eldrige	216 N. Eden				
CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  CAUSE OF DEATH  (A) SHOTGUN WOUND OF HEAD  DUE TO						
ANTECEDENT CAUSES  (B)						
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION		YES NO			
218. EXTERNAL CAUSE WAS UNDERLYING DOR CONTRIB. about home, farm, factory, street, office hidg., UNIBER XARD	ato.) INJURY OCCUR?	in Baltimore City, give e	VE , 25/6			
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR? Sum we	at off			

hook on wall P. m. 22. I certify that I'took charge of the remains described above, held an Just Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,

and death in my opinion resulted from: natural causes  $\square$ , accident  $\square$ , suicide  $\square$ , homicide  $\square$ , undetermined  $\square$ . 238. CHIEF MEDICAL EXAMINER.....□ | 23c. DATE SIGNED

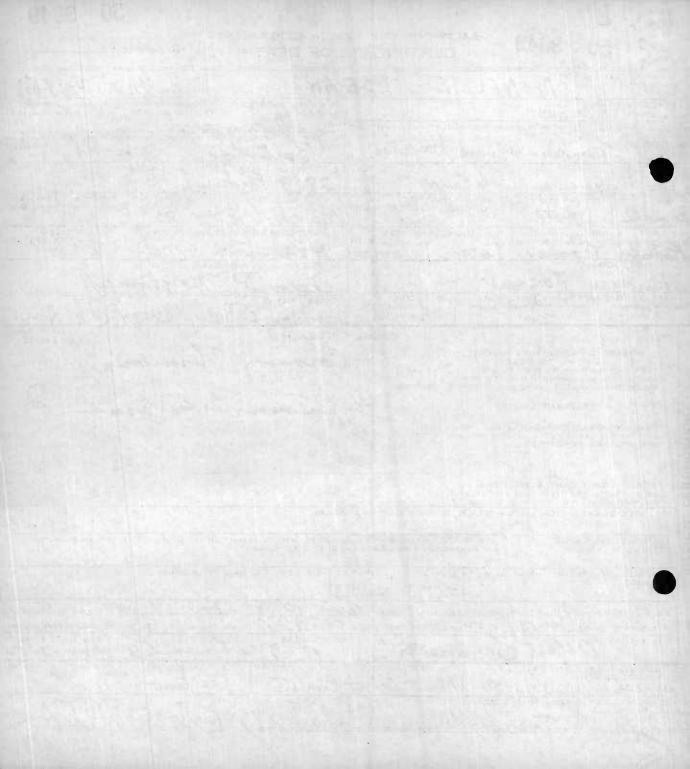
MEDICAL INVESTIGATOR 24D. LOCATION (City, town, or county)/ 24A. BURIAL. CREMA-TION, REMOVAL (Specify) BUT181 24C. NAME OF CEMETERY OR CREMATORY 2 B. DATE

**I950** Arbutus Mem. Fark Baltimore Maryland FUNERAL DIRECTOR DATE RECEIVED BY LOCAL REGISTRAR V S 151

00 00 10	HEALTH DEPARTMENT 50 9848 TE OF DEATH Registered No.
1. NAME OF DECEASED KIRWIN A. HOUSE	EMAN 2. DATE OF DEATH NOV. 15, 1950
3. PLACE OF DEATH:  A. Baltimore City, Maryland 28/4 GRINDON AUX  B. FULL NAME OF (If not in hospital or institution, give street address or location Institution)  INSTITUTION	4. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE B. COUNTY before admission)  OR ARY AND  C. CITY OR TOWN (If outside corporate limits, Friendly RA), and give township)
c. Length of stay in Baltimore  5. SEX  6. COLOR DR RACE  7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify	3619 HAYWARD AUE,  8. DATE OF BIRTH 9. AGE (In years If Under 1 Vear If Under 24 Hours)
10A. USUAL OCCUPATION (Give kind of or kind of the contract of the contra	BALTIMORE, MD LISA.
THEODORE HOUSEMAN,  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  Yes, no or unknown)  (If yes, give war or dates of service)  2/2-05-677	SARAH PAHS.  17. INFORMANT ADDRESS ADE. 15 79 MRS. LILLAN HOUSEMAN 3619 HAYWRR
DISEASE OR CONDITION DIRECTLY  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES	riosclerotic Cardio vascular >?  Perebral thrombosis  minal wremic Coma
OTHER SIGNIFICANT CONDITIONS CDN- TRIBUTING TO THE DEATH, BUT NDT RELATED TO THE DISEASE DR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	ERATION 20. AUTOPSY?
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21B. PLACE OF INJURY (e.g., about bome, farm factory, street, office bldg	
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR.  WHILE AT NOT WHILE AT WORK  22. I hereby certify that I attended the deceased from	ov / , 1950 to now 15, 1950 that I last saw th
deceased give on 100 14, 1950; and that death occided the start of the	urred at 8:20 A.m., from the causes and on the date stated above 238. ADDRESS  A COLUMN (City, town, or edunty)  (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25 JUNERAL DIRECTOR SOOS PR HALLES
NOW 1=3 1950 5/5	3A 093 d

VS 150

093d



BALTIMORE CITY HEALTH DEPARTMENT 9850 Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Grace Fenton Nelson Helfenstein DEATH Nov. 16, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence B. COUNTY A. STATE A. Baltimore City, Maryland before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 5318 Tilbury Way township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. 35 Mos 5318 Tilbury Way c. Length of stay in Baltimore Days 8. DATE OF BIRTH 9. AGE (in years 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours : Min. female white widowed Oct. 24, 1869 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY Theological Seminary, Va. housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Kinloch Nelson Grace Fenton McGuire 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Kinloch Yellott - Padonia Rd., Cockeysville CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES NO L (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY NOT WHILE! AT WORK 1926 to Nov. 16, 1950, that I last saw the 22. I hereby certify that I attended the deceased from deceased gline on hor 15, 1950, and that death occurred at 5 m., from the causes and on the date stated above. 23c. DATE SIGNED 23B. ADDRESS 1403 Park Avenue 24c. NAME OF CEMETERY OR CREMATORY | 24o. LOCATION (City, town, or county) 24B, DATE

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 11 - 18 - 50 Mt. Olivet burial

REGISTRAR'S SIGNATURE

Lutienton Millians, M.

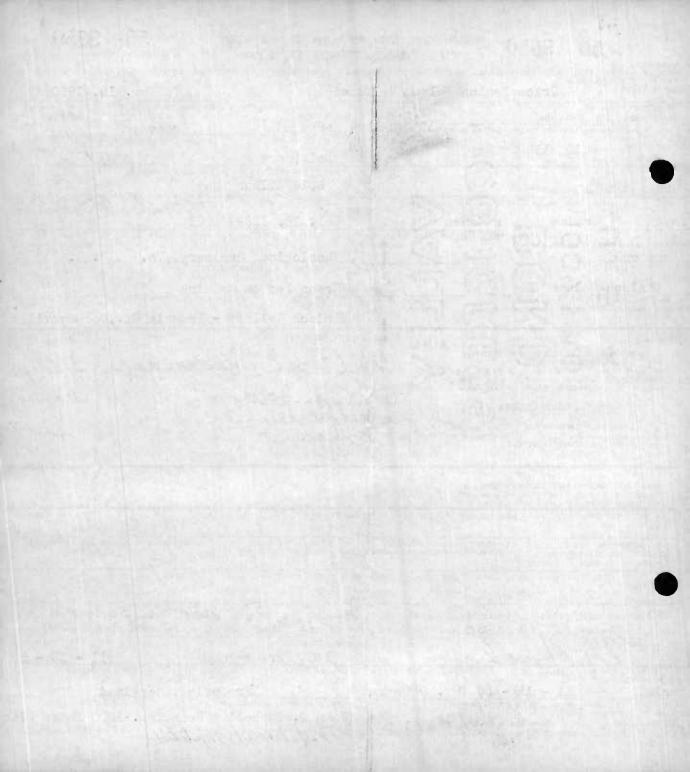
Frederick, Maryland ADDRESS 25. FUNERAL DIRECTOR

John O.Mitchell & Sons, Inc. - 1900 Eutaw Plac

VS 150

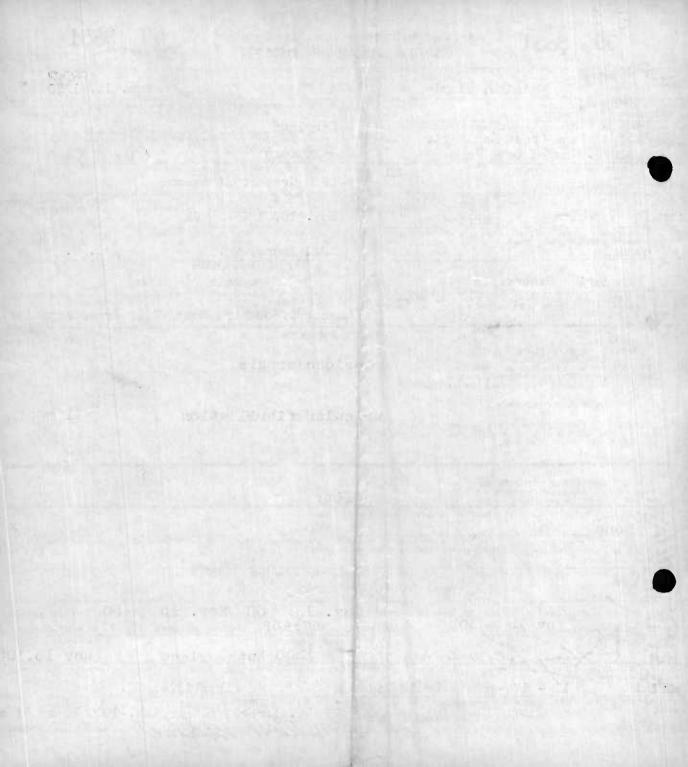
DATE RECEIVED BY

LOCAL REGISTRAR



W-520 50 9851	BALTIMORE CITY HE	ALTH DEPARTMENT		9851		
BIRTH NO.	CERTIFICATE	E OF DEATH	Registere	d No.		
1. NAME OF DECEASED (Type or Print) Weinil	ke, Minnie		2. DATE OF DEATH NOV	. 15, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (				
B. FULL NAME OF (If not in hospital HOSPITAL OR Pine Crost	or institution, give street address or location)	Maryland none				
institution 600 S. Chapel Gar	Oani Carium	C. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore				
c. Length of stay in Baltimore	82 Yrs. Mos.	D. STREET ADDRESS (If rural, give location) 2520 Greenmount Avenue				
	7. SINGLE, MARRIED,	8. DATE OF BIRTH	I o a o = ····	If Under 1 Year   If Under 24 Hours		
female white	married (Specify)	Nov. 16, 1867	82 ast birthday)	Months Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)  NONE	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Baltimore, Md.	WHAT COUNTRY			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
Frederick Bauers:	feld	Emma Fait				
15. WAS DECEASED EVER IN U. S. ARMED Yes, no or unknown) (If yes, give wer or dates of	of service) SECURITY NO	17. INFORMANT Records , Southern	Home 2520	ADDRESS Greenmount Ave		
DISEASE OR CONDITION D LEADING TO DEATH (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which ca  ANTECEDENT CAUSE  DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAS	dying, e.g., sthe disease, used death.)  Can be a seed death.)	iosclerosis ular mfibrilla	tion	l month		
OTHER SIGNIFICANT CONDIT TRIBUTING TO THE DEATH, BUT N TO THE DISEASE OR CONDITION	OT RELATED Com 17	.ity				
- n	B. MAJOR FINDINGS OF OPER			20. AUTOPSY?		
NONE  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  CAUSE OF DEATH  218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  INJURY OCCUR?  (If in Baltimore City, give exact location) INJURY OCCUR?						
TIME (Month) (Day) (Year) (	. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?					
deceased alive on Nov 15	22. I hereby certify that I attended the deceased from Nov. 13, 1950, to Nov. 15, 1950, that I last saw the					
23A. SIGNATURE	elmeron M.D.	1308 Eutew	Place	Nov 16.19		
24A. BURIAL. CREMA- 24B DATE TION, REMOVAL (Specify) burkal 11 - 17	24C. NAME OF CEMETER	RY OR CREMATORY 24D.	esville, Md	wn, or county) (State)		
DATE RECEIVED BY   REGISTRAR'S	SIGNATURE	John O.Mitchell		ADDRESS		

097.0



BALTIMORE CITY HEALTH DEPARTMENT 9852 Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Peter Fornoff DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, It/institution; residence A. Baltimore City, Maryland 3420 E. Baltimore St. B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give c. CITY OR TOWN INSTITUTION 3420 E. Baltimore St. Baltimore. township) 34 Yrs. Mos. D. STREET ADDRESS (If rural, give location) 3420 E. Baltimore St. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED 8. DATE OF BIRTH 9. AGE (in years If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. white male Feb. 25. 1882 married 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTR WHAT COUNTRY International Bedding superintendent U. Germany 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Peter Fornoff Elizabeth Vogeler 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes. no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Alice E. Fornoff 3420 E. Baltimore St. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, ferm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH . TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NJURY AT WORK 1950 to\_ 22. I hereby certify that I attended the deceased from. Nor 15, 1950, that I last saw the Nov 15 19 50 and that death occurred at. I'm., from the causes and on the date stated above. deceased alive on 23A. SIGNATURE 238. ADDRESS 23c, DATE SIGNED 3400 E. Baltimore St. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C, NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) Oak Lawn Baltimore, Maryland 18 50 burial DATE RECEIVED BY \$5. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

. described

50 9853 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) HUNTER CARRINGTON 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) C. CITY OR TOWN INSTITUTION Franklin Square Hospital Baltimore D. STREET ADDRESS (If rural, give location) 336 Carrollton Mos. 50 gth of stay in Baltimore Avenue Days 7. SINGLE, MARRIED, 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH WIDOWED DIVORCED (Specify) Nov.16,1877 male colored 10A. USUAL OCCUPATION (Give kind of

DEATH November 15, 4. USUAL RESIDENCE (Where deceased lived, If institution : residence before admission) (If outside corporate lights, write RURAL and give township) 9. AGE (In years | It Under 1 Year | It Under 24 Hours | Months Days | Hours Min. 11 30 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY Baltimore City Hosp. Finncastle. Virginia 14. MOTHER'S MAIDEN NAME William Carrington Ella King 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS 8-10-5078 Mordene Carter 336 N. Carrollton Avenue INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic cardiovascular disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 198, MAJOR FINDINGS OF OPERATION NO X VES 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) NJURY WHILE AT WORK AT WORK 22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes A, accident \( \), suicide \( \), homicide \( \), undetermined \( \).

23c. DATE SIGNED 23B, CHIEF MEDICAL EXAMINER..... 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL. CREMA-TION, REMOVAL (Specify) 24B. DATE

Mr. 20-1950 bun ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR "bentuglow / whalls, "

V S 151 808

ork done during most of working life, even if retired)

19A. DATE OF OPERATION

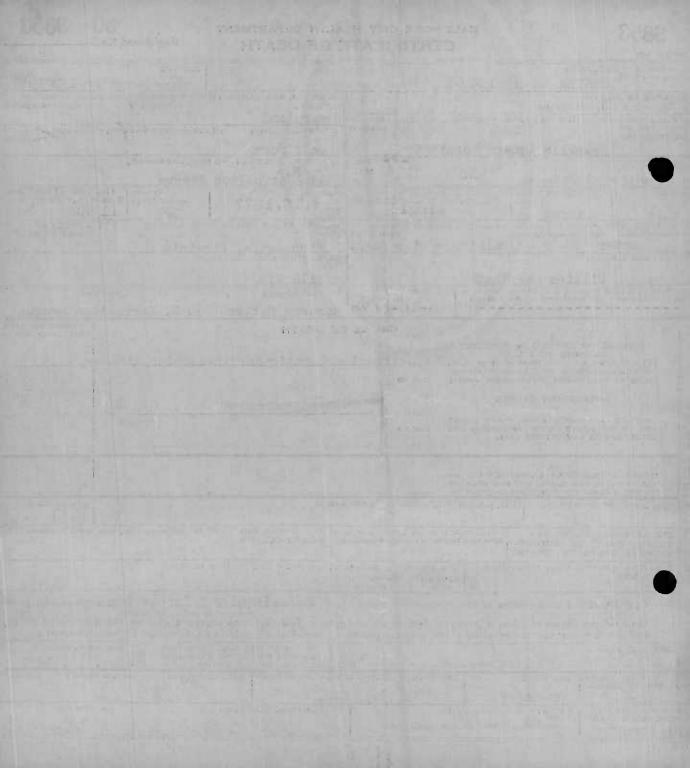
21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIB-

UTING [] CAUSE OF DEATH.

porter

13. FATHER'S NAME

Yes, no or unknown)



7-5 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) OCKEN DON ETHEL 3. PLACE OF DEATH: 4. USUAL RESIDENCE (W) A. Baltimore City, Maryland MARYLAND B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION 3424 CHESTNUT AVE BALTIMORE D. STREET ADDRESS (If re Yrs. Mos. LIFE 3424 CHEST c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH

WIDOWED, DIVORCED (Specify)

16. SOCIAL

SECURITY NO.

10B. KIND OF BUSINESS OR

WIDOW

JAN 28 1886

MARYLAND

EMMA

17. INFORMANT

EMMA

CAUSE OF DEATH

11. BIRTHPLACE (State or for

14. MOTHER'S MAIDEN NA

21F, HOW DID INJURY

DIRECTOR

	50 9854
Registered :	
2. DATE OF OF	15, 1950
ere deceased lived. It	f institution : residence
B. COUNTY	before admission)
utside corporate, mi	ler weise Research and give
10	township
aral, give location)	
NUT AYE	<b>E</b>
9. AGE (in years last birthday) M	H Under I Year H Under 24 Hours on this Days Hours Min.
eign country)	12. CITIZEN OF WHAT COUNTRY
	21,5.
ME	
MARD	
, A	ADDRESS AV.
RTIN . 34.	24 CHESTAUT
	INTERVAL BETWEEN
	CHSET AND DEATH
your	to day
	Lo day
مد	Kens
*****************************	
***************************************	Log Autonous
	20. AUTOPSY?
in Baltimore City.	give exact location)
OCCUR?	
/	

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES

UNDERLYING CONDITION LAST.

19A. DATE OF OPERATION

21A. ACCIDENT, SUICIDE HOMICIDE (Specify)

NJURY

15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service)

WARNE

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

FEMALE WHITE

HOUSEWORK.

13. FATHER'S NAME

WM

18.

IOA. USUAL OCCUPATION (Give kind of)

ork done during most of working life, even if retired)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE

DUE TO

(A)

DUE TO

(C) ...

INDUSTRY

TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION

218. PLACE OF INJURY (e.g., in or 21c. WHERE DID

about home, farm, factory, street, office hldg., etc.) | INJURY OCCUR?

TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

NOT WHILE

WORK

22. I hereby certify that I attended the deceased from

19 & Vand that death occurred at 12

deccased alive on 11 23B. ADDRESS 23A. SIGNATURE

24A BURIAL, CREMA-248. DATE 24c. NAM 20

DATE RECEIVED BY LOCAL REGISTRAR

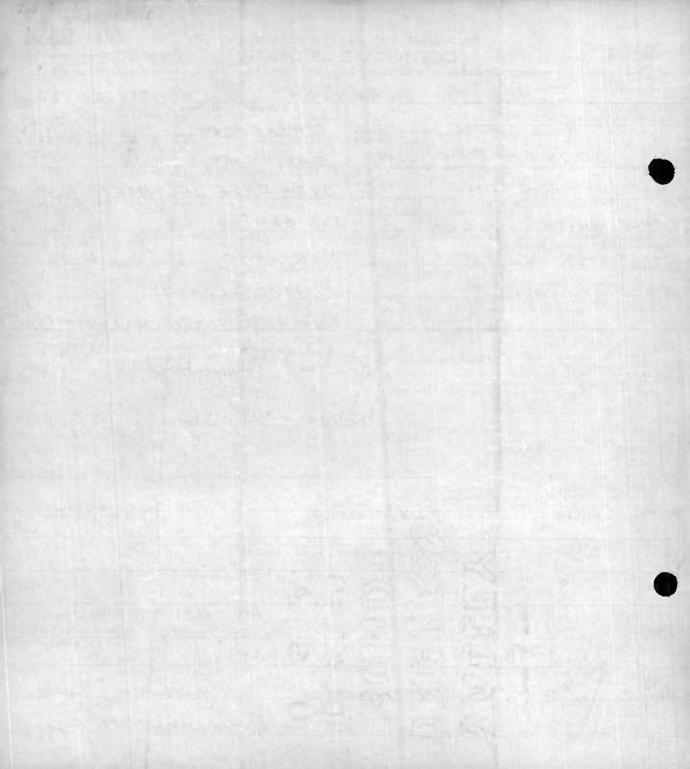
m., from the causes and on the date stated above.

TION (City, town, or county)

OF CEMETERY OR CREMATORY

, 19 Sthat I last saw the

(State)



9855 BIRTH NO.

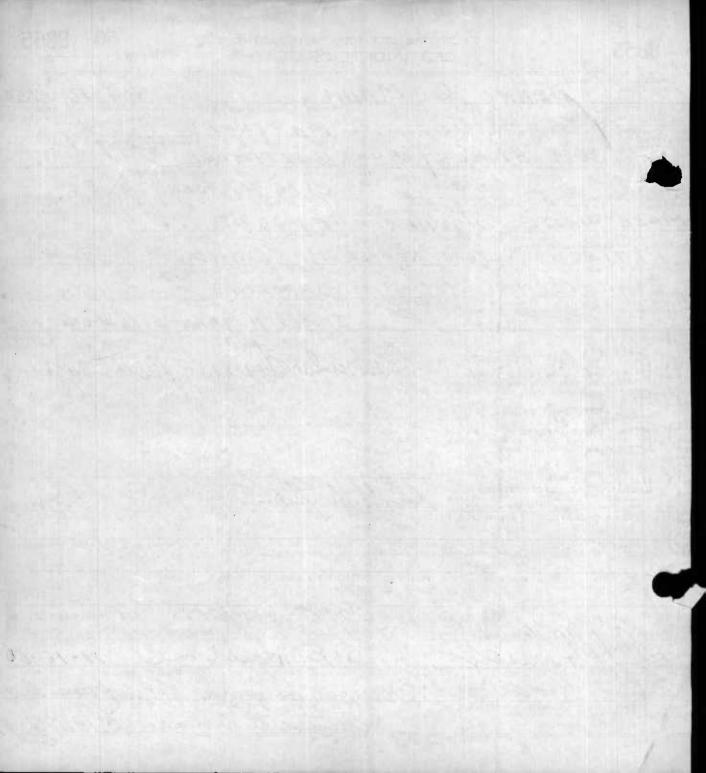
1. NAME OF DECEASED

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 9855

2. DATE

1	ype or Frint)	HEN	RV C.	MAN	M.	DEATH NOV	16. 195	0
	PLACE OF D Baltimore (	EATH: City, Maryland	1		4. USUAL RESIDENCE (W	here deceased lived. If i	nstitution: residence before admissio	on)
١.	FULL NAME OF (If not in hospital or institution, give street address or							
	STITUTION	2511 4	lier a.	location)	c. CITY OR TOWN , (If	1 10 1	write RoRAL and gi	
7		3816 H	TERORY		D. STREET ADDRESS (If 1	4 27	- /	
1		4	LIFE	Yrs. Mos.			E	
	Length of s	tay in Baltimore		Days	8. DATE OF BIRTH	CORY AU	Under I Year   If Under 24 Ho	2101
1	MALE	WHITE	WIDOWED, DI	VORCED (Specify)	FEB-26,1872	9. AGE In years it is last lirthday) Mon	nths Days Hours Mi	
	A. USUAL OC	CUPATION (Givekinde)		JSINESS OR	11. BIRTHPLACE (State or fo		12. CITIZEN OF	
rì		of working life, even if retired	STORE	KEEPER	MARYLAN	D	WHAT COUNTR	(Y 7
3	. FATHER'S		10,012	112672	14. MOTHER'S MAIDEN NA			
	JOH.	N MAN.	M		CAROLINE !			
100	. WAS DECEASI	ED EVER IN U. S. ARME	D FORCES?   16. S	OCIAL	17. INFORMANT		DRESS	_
0	, no or distroyer,	(11 300, B110 was 01 Bao	ss of service)	ECURITY NO.	JAMES HIMA	NN-38161	HICKORY H	740
	18. 42	14			OF DEATH		INTERVAL BETWE	EN
į	DISEAS	SE OR CONDITION	DIRECTLY	000		-11 D	ONSE! AND DEA	.11
	(This does	LEADING TO DEA	TH of dying, e.g.,	(A) ACCU	en avillation	last Keel	2 Stad-	
	heart failu injury or	are, asthenia, etc. It me complication which	ans the disease, caused death.)	UE TO		//		
		ANTECEDENT CAU						
				(B)		***************************************		
	RISE TO 1	S OR CONDITIONS, THE ABOVE CAUSE (A)	) STATING THE D	UE TO				
I	UNDERL	YING CONDITION L	AST.					
		-11		(C)				
I		SIGNIFICANT COND		1/1	1 to			
1	TO THE D	G TO THE DEATH, BUT DISEASE OR CONDITIO	N CAUSING IT.	July 18	sursion		O. poste	
1	19A. DATE C	OF OPERATION	19B. MAJOR FIND	INGS OF OPER	RATION		YES NO	L
1	214 ACCIDE	ENT, SUICIDE,	21B. PLACE OF	INJURY (e. g., i	n or   21c. WHERE DID (I	f in Baltimore City, g		
ł	HOMICIDE	(Specify)	about home, farm, facto					
	TIME	(Month) (Day) (Year	(Hour)   21E. IN	JURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?		_
	NJURY		WHILE AT					
1			m. WORK	AT WORK	orred at 3 m., from the case. Address	~ 16. 10¢1	(),7,, 7,7,,	4.7.
	22. I hereb	y certify that I at	tended the decea	sed from	3090,100	he annual and on th	that I last saw i	ine
	deceased a	TIME	, 19 <b>/</b> , and tr	iat aeath occur	23B. ADDRESS 1	te causes and on th	23c. DATE SIGNE	ED.
1	STALL	1 /osras	sher!	м. р.	632/Irland	ne	11-16-3	D
1	A. BURIAN.	CREMA- 24B. DATE	24c. N	AME OF CEMETE	RY OR CREMATORY   24D. LO	OCATION (City, town,	or county) (State	e)
1	IN REMOVAL (S	L' nov a	20/50 87	mare	es. Hamodie	1- Kolano	Two Me	d
	ATE RECEIVE	D BY   REGISTRAR		//	25. FUNERAL DIRECTOR	1	ADDRESS	-
ľ	DCAL REGIST	1950-	Li Win	0 2	usten 6. Do	novau . 3	5/8/16lan	e d
Ī	VS 150	· · · · · · · · · · · · · · · · · · ·	W / Hatianus	ALEN .		- 13	1 leve	1



### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 9856 Registered No. 2. DATE DEATH NOV. 15. 1950 B. COUNTY before admission) none I Under I Year 9. AGE (In years) last birthday) Months: Days Hours: Min. 12. CITIZEN OF WHAT COUNTRY? U. S. ADDRESS 2622 N. Calvert St. INTERVAL BETWEEN ONSET AND DEATH

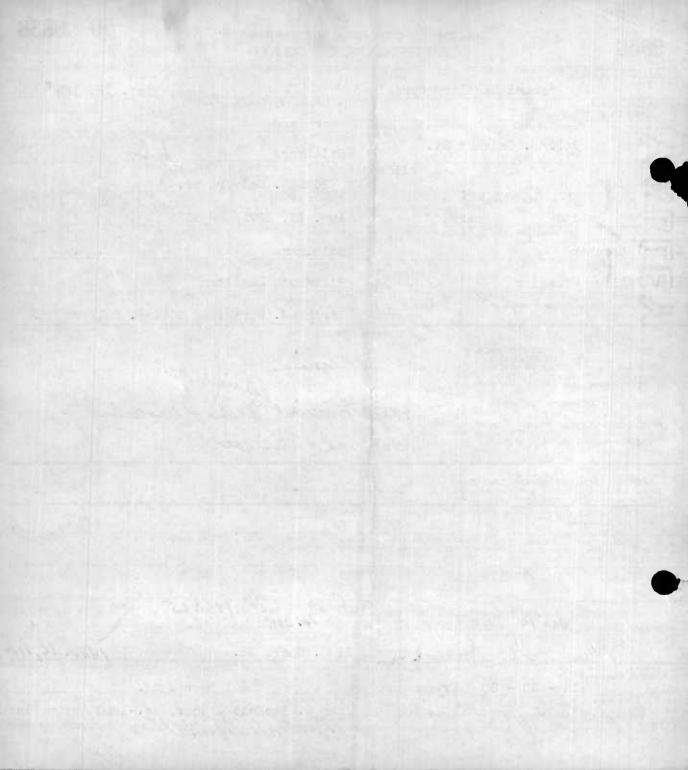
NAME OF DECEASED Type or Print) Samuel Hamilton Spragins PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence Baltimore City, Maryland A. STATE Maryland (If not in hospital or institution, give street address or FULL NAME OF OSPITAL OR C. CITY OR TOWN (If outside corp rate limits, write RURAD and give VITITUTION 2622 N. Calvert St. Baltimore life<sub>Mos.</sub> o. STREET ADDRESS (If rural, give location) ength of stay in Baltimore 2622 N. Calvert St. Days 8. DATE OF BIRTH 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) nale white married Aug. 23, 1875 DA. USUAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) rk done during most of working life, even if retired) INDUSTRY School teacher Baltimore 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Stith Bolling Spragins Elizabeth Hamilton 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ce, no or unknown) (If yes, give war or dates of service) SECURITY NO. Martha T. Spragins 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Hypertració Cerclio - crea la Trenal disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) NOT WHILE 22. I hereby certify that I attended the deceased from Bet. 19 1950 to Nov. 15 , 1950, that I last saw the deceased alive on Nov 14, 1950, and that death occurred at 20 km., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 11 E. Chase St. 24c. NAME OF CEMETERY OR CREMATORY | 24o. LOCATION (City, town, or county) AA. BURIAL, CREMApurial 11 - 18 - 50 Greenmount Baltimore, Md. REGISTRAR'S SIGNATURE ADDRESS

VS 150

DATE RECEIVED BY

25. FUNERAL DIRECTOR

John O.Mitchell & Sons, Inc .- 1900 Eutaw Place



1. NAME OF DECEASED

A. Baltimore City, Maryland

3. PLACE OF DEATH:

(Type or Print)

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Mary L. Lorenz

B. FULL NAME OF (If not in hospital or institution, give street address or

50 9857Registered No.

Nov. 16, 1950

2. DATE

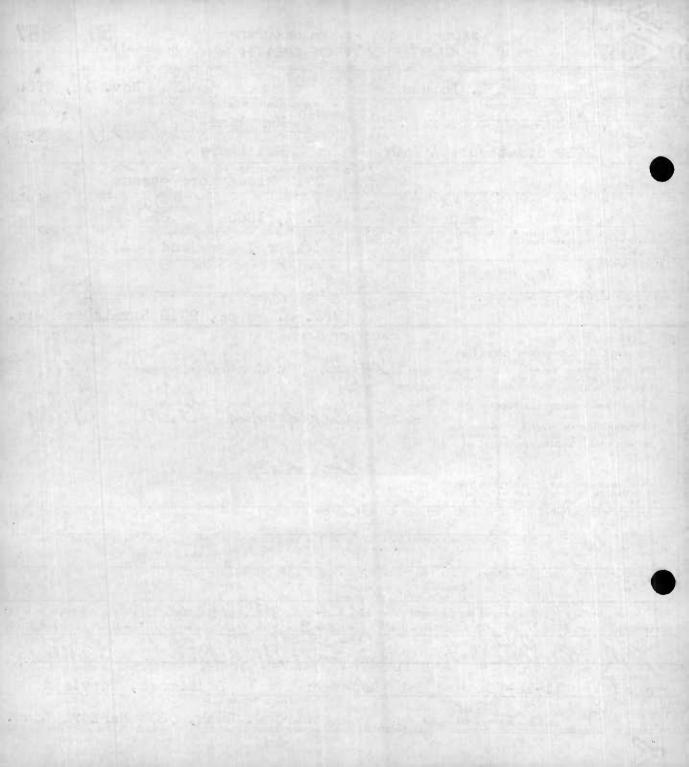
Maryland

DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence

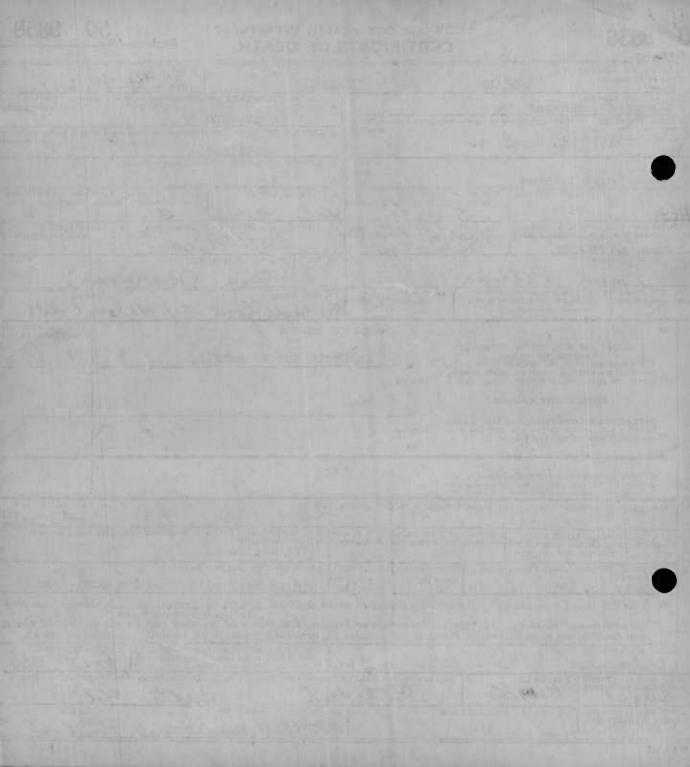
B. COUNTY

B. COUNTY

HOSPITAL OR (If outside co poratorimits, C. CITY OR TOWN e RIMAL and give township) 2719 Strathmore Avenue Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos 2719 Strathmore Avenue c. Length of stay in Baltimore Davs 8. DATE OF BIRTH 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours; Min. female white Oct. 7, 1865 widowed 10A. USUAL OCCUPATION (Givekind of) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Baltimore, Maryland at home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Pappenberg 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Mrs. G. Reese, 2719 Strathomre Ave. 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY NO V 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE (Specify) TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? NJURY NOT WHILE! 22. I hereby certify that I attended the deceased from , 1920; that I last saw the deceased alive on 15 Mb 1950 and that death occurred at 3 34 m., from the causes and on the date stated above. 234. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A, BURIAL, CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY | 44b. LOCATION (City, town, or county) Holy Redeemer Baltimore, Maryland 11-18-50 Burial ADDRESS REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR DATE RECEIVED BY Leonard, J., Ruck, 5305 Harford Road. VS 150 0930



9858 BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED (Type or Print) 2. DATE ROLAND PELLECCIA DEATH NOV. 16, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF of not in hospital or institution, give street address or Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate imits write RURAL and give INSTITUTION 1515 Mt. Royal St. township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos c. Length of stay in Baltimore Davs 1515 Mt. Royal 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) AGE (In years If Under | Year | If Under 24 Hours last birthday) Months: Days Hours: Min. WIDOWED, DIVORGED (Specify) Male White 36 10A. USUAL OCCUPATION (Give kind of Sharrows GONET 12. CITIZEN OF ork done during root of working life, even if retired) WHAT COUNTRY oun esman 13. FATHER'S NAME 14. MOTHER'S 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of service) Yes, no or unknown) SECURITY NO. No 18. CAUSE OF DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Asphyxia due to hanging (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY YES NO L 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 1515 Mt. Royal Home P. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? pipe INJURY NOT WHILE WHILE AT Hanged self with wrapping cord from Nov. 16, 1950 WORK 22. I certify that I took charge of the remains described above, held an Insp. & Inq.
Autopsy, Inspection or Inquiry thercon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above. and death in my opinion resulted from: natural causes □, accident □, suicide ☒, homicide □, undetermined □. 23B. CHIEF MEDICAL EXAMINER ..... 23c. DATE SIGNED Nov. 16. 1950 MEDICAL INVESTIGATOR 24b. LOCATION (City, town, or county) 24C, NAME OF CEMETERY 24A. BURIAL, CREMA-248, DATE TION REMOVAL (Breefty 8.150 rdrax RECEIVED BY REGISTRAR'S SIGNATURE



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE CHARLES LED DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DEVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years) ff Under 1 Year ff Under 24 Hours last birthday) Months: Days Hours: Min. 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 12. CITIZEN OF vork done during most of working life, even if retired) WHAT COUNTRY HERS MAIDEN NAM 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give par or detes of service) 16. SOCIAL SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 11-6-50 +11-14-50 (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21E. INJURY OCCURRED | 21F. HOW DID INJURY OCCUR? O. TIME (Month) (Day) (Year) (Hour) INJURY NOT WHILE . 1930 to 1/16 , 192 Ahat I last saw the 22. I hereby certify that I attended the deceased from 10 //7 deceased alive on 1/16, 1900, and that death occurred at 2:00 Rm., from the causes and on the date stated above. 238. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 2.D. CATION (City, town, or coupty) REMOVAL Volly ZERNY UNERAL DIRECTOR ADDRESS TE RECEIVED BY REGISTRAR'S SIGNATURE

VS 150

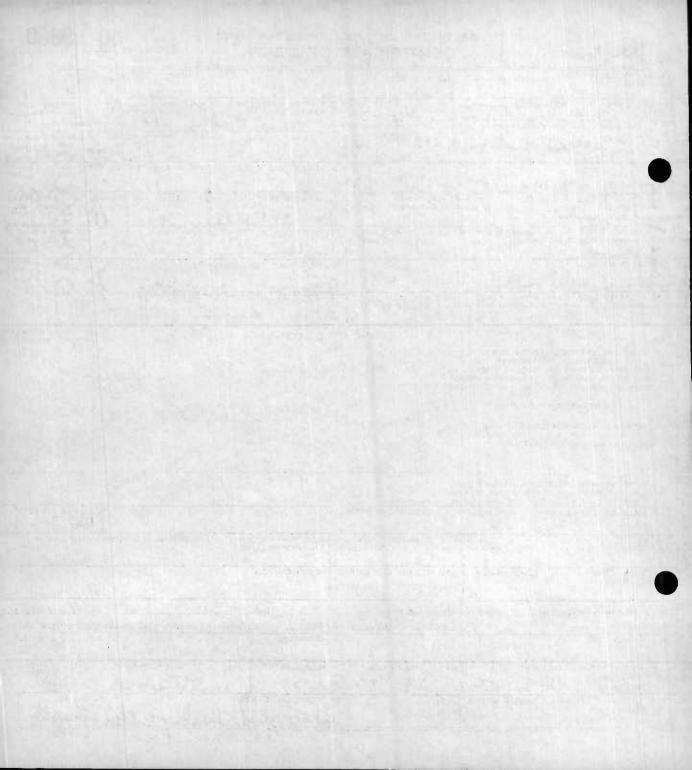
OCAL REGISTRAR

6010

1178-

a state that Robert Haife to Style Story of the Style State

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED min 17 2. DATE (Type or Print) OF 1950 DEATH 3. PLACE OF DEATH: 15\_alling 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland 1200 Valle B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or 211 HOSPITAL OR location (If out ide corporate limits, write RURAL and give C. CITY OR TOWN 1 INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give lo ation Mos. c. Length of stay in Baltimore 15 Davs 6. COLOR DR RACE 7. SINGLE, MARRIED. 9. AGE (In years) II Under 1 Year Il linder 24 Hours WIDOWED DIVORCED (Specify) last birthday) | Months: Days | Hours: Min. IOA. USUAL OCCUPATION (Givekind of) 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Labout alterna 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. CERTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE (Specify) 21F. HOW DID INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY NOT WHILE! 22. I hereby certify that I attended the deceased from 200 4 , 1950, to har -17 , 1950, that I last saw the deceased alive on 1950, and that death occurred at 3-30 Am., from the causes and on the date stated above. 23c. DATE SIGNED 23A, SIGNATURE 23B. ADDRESS North we 1w /1-M. D. 24c. NAME OF CEMETERY OR CREMATORY 24b. LOCATION (City, town, or county) 24A. BURIAL, CREMA-24B, DATE TION, REMOVAL (Specify) 11-20-50 ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR militianor fillially files VS 150



C30 1 100 9861 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE Type or Print) ALBERT J. BLAIR, SR. DEATH NOV. 16, 1956 4. USUAL RESIDENCE (Where deceased lived. If institution; retidence A. STATE B. COUNTY before admission) 3. PLACE OF DEATH A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside orporate limits, write RURAL and give NSTITUTION 04 S. Muqueta are Bullimore Yrs. p. STREET ADDRESS (If rural, give location) Mos. 04 & augusta an c. Length of stay in Baltimore Days 5. SEX AGE (in years) 6. COLOR OR RACE 7. SINGLE, MARRIED If Under I Year WIDOWED, DIVORGED (Specify) last birthday) Months Days Hours Min. 1cb. V, 1881 marcia 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Sallamon Oct. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS Yes, no or unknown) SECURITY NO. Ko CAUSE OF DEATH 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH mys cardial degeneration (This does not mean the mode of dying, e.g., abuts diletation heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Februlation + army thmis ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT YES (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or 21c, WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?

TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY

NOT WHILE WHILE AT

22. I hereby certify that I attended the deceased from-

\_ 1950, and that death occurred at 5 P. m., from the causes and on the date stated above. deceased alive on 11/12 23A. SIGNATURE

24A. BURIAL, CRENA-24B. DATE TION, REMOVAL (Specify

11-20-50 arrive

DATE RECEIVED BY LOCAL REGISTRAR

21F, HOW DID INJURY OCCUR?

1933, to nor/64 238. ADDRESS

25. FUNERAL DIRECTOR

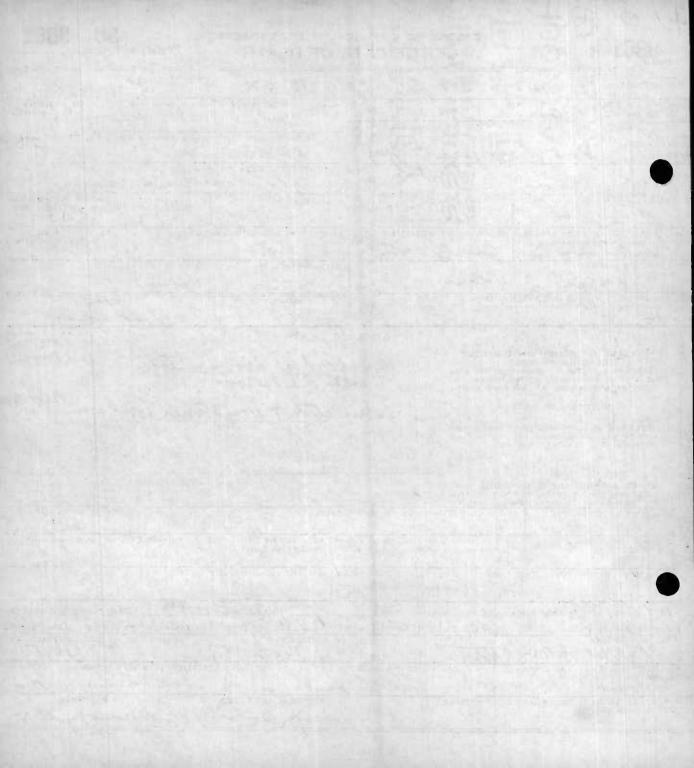
24c, NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)

23c. PATE SIGNED

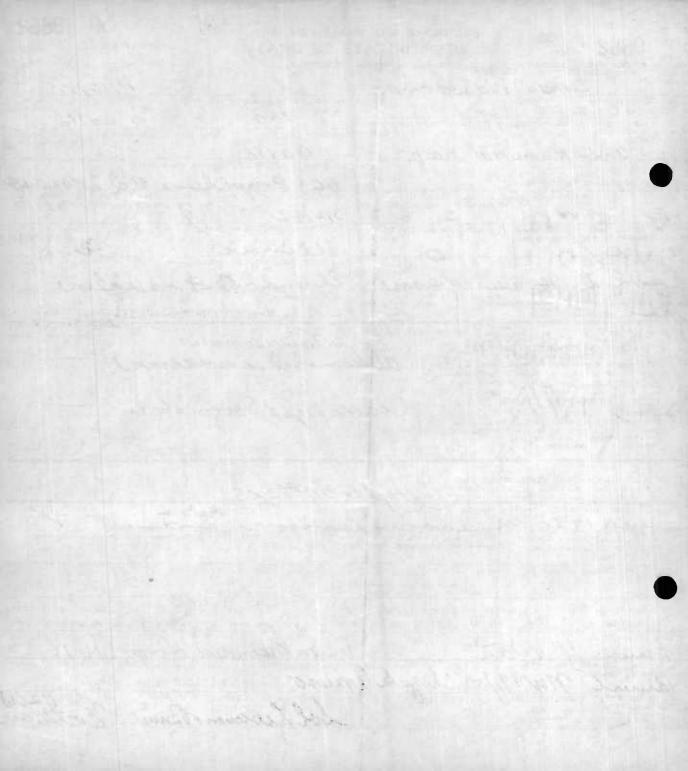
ADDRESS

. 1950, that I last saw the

49063



265			50 0000
0000	BALTIMORE CITY HE	EALTH DEPARTMENT	50 9862
9852 BIRTH NO.	CERTIFICAT	E OF DEATH	Registered No.
NAME OF DECEASED	uzanne	2.0	ATE
Type or Print) Linda	Wasserman		OF EATH 11/16/5-0
B. PLACE OF DEATH:  Baltimore City, Maryland	,_		eceased lived, If institution: residence B. COUNTY before admission)
FULL NAME OF (If not in hospi	ital or institution, give street address or	Md	Balto
HOSPITAL OR NSTITUTION	location)	C. CITY OR TOWN (If outside	corporate limits, write RURAL and give
4 Union Mem	orial Hosp	Ba110	53-00 township)
	Yrs. Mos.	D. STREET ADDRESS (If rural,	rive location)
th of stay in Baltimore  6. SEX 6. COLOR OR RACE	Days	602 Provider	ce Rd Jourant F
O. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. A	SE (In years   Wonder   Year   If Under 24 Hours   St birthday   Months Days   Hours Min.
OA. USUAL OCCUPATION (Give kinder	2	3/2/42	
rk done during most of working life, even if retired	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign of	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	UDA
8-10 F 01		CA MOTHER'S MAIDEN NAME	A 0
5. WAS DECEASED EVER IN U. S. ARME	D FORCES?   16. SOCIAL	Cleanor 12 of	nauklen
es, no or unknown) (If yes, give wer or dat	es of service) SECURITY NO.	17. INFORMANT	ADDRESS
MO I	0	Earl R. Wasserman-	TOWINTERVAL BETWEEN
18. 193 / 1		OF DEATH NCho PNEUMONIA	
DISEASE OR CONDITION LEADING TO DEA	TH (I)	/ /	
(This does not mean the mode heart failure, asthenia, etc. It me	ans the disease,		ome -
injury or complication which	caused death.) DUE TO		
ANTECEDENT CAU	SES SELLE	en Light SARcom	afacis -
DISEASES OR CONDITIONS.	IF ANY, GIVING	THE SEA OF THE SURTE	y//23.9
RISE TO THE ABOVE CAUSE (AS UNDERLYING CONDITION L			
	(C)		
OTHER SIGNIFICANT CONF	VITIONIC CON		
OTHER SIGNIFICANT COND	NOT RELATED	OURETERS	
19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OPER		1 20. AUTOB8Y?
august 1950	Men agenia	eaveane, her	YES NO
21A ACCIDENT WAS UNDER-	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e		altimore City, give exact location)
LYING OR CONTRIBUTING CAUSE OF DEATH	about nome, larm, lactory, street, omce nug.,	INJURY OCCURY	
21D. TIME (Month) (Day) (Year	(Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCC	UR?
-	m. WHILE AT NOT WHILE		
22. I hereby certify that I at	tended the deceased from 10/	30 , 19 50 to 11/16/	, 19 50, that I last saw the
deceased alive on 11/16/	19.50 and that death occur	red at 1,35 m. from the car	ises and on the date stated above.
23A. SIGNATURE		3B. ADDRESS	23c. DATE SIGNED
trancis H. W	ace M.D. 7	Inion MEmorial	Noop 11-16-50
AA. BURIAL, CREMA 24B. DATE	24C. NAME OF CEMETE		ON (Cit, town, or county) (State)
Bruck na	7,150 Chizuk (1)	nuso   Baltime	ore, Maryland
OCAL REGISTRAR	S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS //26W
10V 171950 Thurston	you l'ulians, his	Sol Swimon A	2ms. North are
VS 150	<i>j.</i>		
			0 - 1 0
			000



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH . NAME OF DECEASED 2. DATE Type or Print) Darbara E. Bryan OF DEATH B. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE Maryland . Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN NSTITUTION Maryland general Hospital Baltimore Yrs. Mos. D. STREET ADDRESS (If rural, give location) Length of stay in Baltimore

B. COUNTY before admission) (If outside corporate limits, write HURAL and give

Days

3614 gwynn Oak 8. DATE OF BIRTH

10 25 1867 11. BIRTHPLACE (State or foreign country)

9. AGE (In years | | Under | Year | | Under 24 Hours | Months Days | Hours | Min. I Under 24 Hours

10B. KIND OF BUSINESS OR INDUSTRY

> laryland 14. MOTHER'S MAIDEN NAME

12. CITIZEN OF WHAT COUNTR

3. FATHER'S NAME Charles

OA. USUAL OCCUPATION (Give kind of)

ork done during most of working life, even if retired)

Housewife

6. COLOR OR RACE

16. SOCIAL

DUE TO

Emma Kead

ADDRESS

5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,

17. INFORMANT (daughter) SECURITY NO.

Mrs. Anna

as above

injury or complication which caused death.)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

ANTECEDENT CAUSES

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

7. SINGLE, MARRIED

widowed

WIDOWED, DIVORCED (Specify)

10) Hypertensive cardiovascular disease

Adenoma Thyroid Broacho procumonia

11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

21c. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED NJURY

21F. HOW DID INJURY OCCUR?

Arterioscherotic Cardiovascular

NOT WHILE.

21B. PLACE OF INJURY (e.g., in or

about home, farm, factory, street, office bldg., etc.)

S. SEX

22. I hereby certify that I attended the deceased from 11 14

117 , 1950 that I last saw the 1950 to\_ \_\_\_\_ 1950 and that death occurred at 11 35 Am., from the causes and on the date stated above. 23A SIGNATURE 23c. DATE SIGNED maryland general Hosps

21A. ACCIDENT WAS UNDER-

24C. NAME OF CEMETERY OF CREMATORY

24D. KOCATION (City, town, or county),

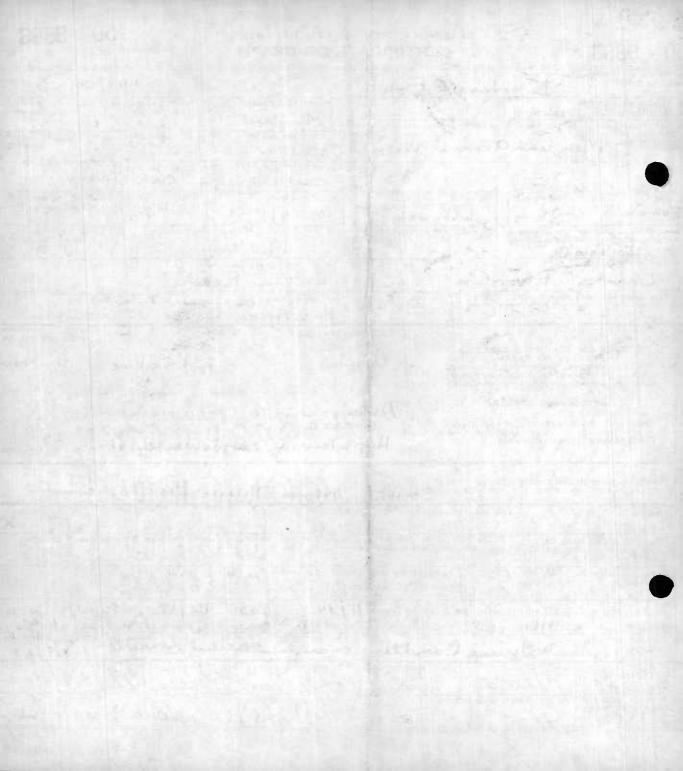
4A. BURIAL CREMA-ION REMOVAL (Specify)

25 FUNERAL DIRECTOR REGISTRAR'S SIGNATURE

ADDRESS

VS 150

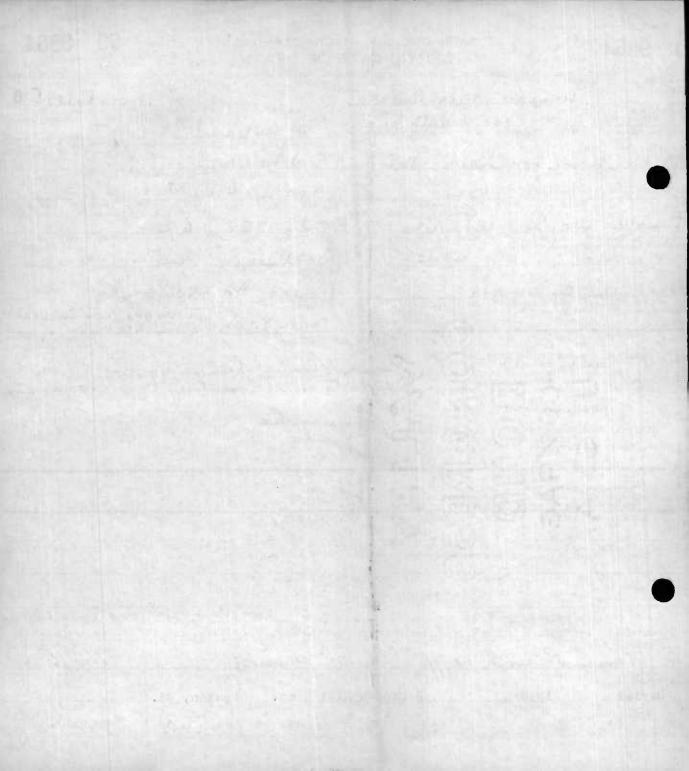
ATE RECEIVED BY



9864 CERTIFI		istered No.
IRTH NO.	OTTL OF DETTI	
Type or Print) + Oppos, Mrs Bess	2. DATE OF DEATH	Day 16.195 B
Baltimore City, Maryland 200 to uoth ST	4. USUAL RESIDENCE (Where decease A. STATE B. CO	
FULL NAME OF (If not in hospital or institution, give street as	ddress or mary and	
NSTITUTION	C. CITT ON TOWN (II butside corpt	orate limits, write RULAL and give township
The Home for vucusables	Yrs. D. STREET ADDRESS (If rural, give lo	(ation)
Length of stay in Baltimore Lise	Mos. Days Doo W. 40The St	
SEX 6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED	8. DATE OF BIRTH 9. AGE (III	n years If Under I Year If Under 24 Hours Hours Min
buile white bidge.	nov. 26.1887 62	anday) Months Days Hours Min
DA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	S OR 11. BIRTHPLACE (State or foreign country	y)   12. CITIZEN OF WHAT COUNTRY
Done. None	Bastice De led	- 4.5a
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Laura M. Holl	and
se, no or unknown) (If yes, give wer or dates of service) SECURIT	10. D. 1 21.11.CTV	om Soy Jucuabl
18. 3.57	AUSE OF DEATH	Ream da Between
DISEASE OR CONDITION DIRECTLY	TOSE OF BEATH	ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g.,	assimol Cerebal Henrombay	aco 3/dayo
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	In pertension (Essential)	5 years =
ANTECEDENT CAUSES		
(B) V.	jongomychia	3/years 1
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		
UNDERLYING CONDITION LAST.		
II de Constitución		
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED		
19a, DATE OF OPERATION   19B, MAJOR FINDINGS OF	F OPERATION	20, AUTOPSY?
0		YES NO
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING 21B. PLACE OF INJURY ebout home, farm, fector y, street, o	Y (e. g., in or 21C. WHERE DID (If in Baltimo	ore City, give exact location)
21s. TIME (Month) (Day) (Year) (Hour) 21s. INJURY O	OCCURRED 21F. HOW DID INJURY OCCUR?	
WHILE AT N	AT WORK	
22. I hereby certify that I attended the deceased from	myan. 25, 1945, to Nov. 16	_, 1967, that I last saw th
deceased alive on Nov. 16 , 1950. and that deat	th occurred at 1 m., from the causes of	and on the date stated above
23A. SIGNATURE	23B. ADDRESS	23c. DATE SIGNED
A PUBLIC CREMA 240 DATE	M. D. 11 E. Classe ST.	1/160.18 1930

24A. BURIAL, CREMA-TON, REMOVAL (Specify)

Burial
DATE RECEIVED BY Hill C om Towson 11/18/50 REGISTRAR'S SIGNATURE VS 150



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate his ts, write RURAL and give INSTITUTION Yrs. (If rural, give location) Mos. gth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED. 5. SEX If Under 1 Year 9. AGE (In years WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. narried 10A. USUAL OCCUPATION (Givekind of LOB. KIND OF BUSINESS OR 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF or doned using most of working life, even if retired) evel maineer 13. FATHER'S NAME 14. NOTHER'S MAIDEN WAME (VAS DECEASED EVER IN U. S. ARMED FORCES? , no or, unknown) (If yee, give war or dates of service) 16. SOCIAL ADDRESS Yes, no or unknown) SECURITY rama CAUSE OF DEATH INTERVAL BETWEEN 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH (This does not mean the mode of dying, e.g., LAY heart failure, asthenia, etc. It means the disease, DUE TO injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING OU'E TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT, SUICIDE. 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, of the bldg., ctc.) 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) INJURY WHILE AT 22. I hereby certify that I attended the deceased from 1-1-194719, tol. 17-50, 19, that I last saw the deceased alive on 10-12 X 1050, and that dear occurred at 10 30 An., from the causes and on the date stated above. 234\_SIGNATURE 238. ADDRESS 23c. DATE SIGNED Cheman D Erman 24A. BURIAL, CREMA-TION REMOVAL (Specify) DATE RECEIVED BY 25/FUNERAL DIRECTOR ADDRESS anting or stillestly

VS 150

Dr. Herrinia 1710 2. 3342/1 beliver 10 + 11 a.M

HOSPITAL OR

INSTITUTION

BALTIMORE	CITY	HEALTH	DEPARTMENT	50	984
CERTI	FICA	TE OF	DEATH	Registered No	

N.D131108 BALTIMORE CITY HE CERTIFICATE		Regist	ered No.	9856
NAME OF DECEASED Type or Print) Rose Ann Gray		2. DATE OF DEATH	Nov.17,195	50
	4. USUAL RESIDENCE (W A. STATE	here deceased I		residence re admissio

(If outside corporate limits, white RURAL and give

Baltimore City Hospitals location)

C. CITY OR TOWN Baltimore

4940 Eastern Avenue

D. STREET ADDRESS (If rural, gire location)

Yrs. Mos. 616 Park Avenue Days

c. Length of stay in Baltimore Life

8. DATE OF BIRTH

9. AGE (In years)

ff Under 1 Year last birthday) Months; Days Hours; Min.

5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) F

Single

10a. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY

June 4.1869

11. BIRTHPLACE (State or foreign country)

work done during most of working life, even if retired)

Maryland

12. CITIZEN OF WHAT COUNTRY

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

INTERVAL BETWEEN

ONSET AND DEATH

8 Hours

15 Years

1 Year

township)

II Under 24 Hours

Hugh Gray

Rose Mellon

CERTIFICATION APPROVED BY

21F. HOW DID INJURY OCCUR?

4940 Eastern Avenue 24c. NAME of CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county)

25. FUNERAL DIRECTOR

19 49 to 11- 17

Park Avenue

Fell on Street while stepping off curt

(Yes, no or nnknown)

18.

CERTIFICATION

EDICAL

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(If yes, give war or dates of service)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

H

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

TO THE DISEASE OR CONDITION CAUSING IT.

D. TIME (Month) (Day) (Year) (Hour)

8-16-49

deceased alive on 11-17

16. SOCIAL SECURITY NO.

Records:

Myocardial Disease

4940 Eastern Avenue

17. INFORMANT Baltimore City Haspitsis

(c) Hypertensive Arteriosclerotic

Cardio Vascular Disease

23B. ADDRESS

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

19A. DATE OF OPERATION

21A. ACCIDENT, SUICIDE,

HOMICIDE (Specify)

8-18-49

INJURY

23A. SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY OCAL REGISTRAR

VS 150

BURIL

Coronary Occulsion

DUE TO

198, MAJOR FINDINGS OF OPERATION

21B. PLACE OF INJURY (e. g., in or ebout home, farm, factory, street, office bldg., etc.)

On Street

WHILE AT

To Be Approved by the Medical Examiner

Fratcure of the left Femur

21E. INJURY OCCURRED

20. AUTOPS 21c. WHERE DID II IN Baltimore ity, give exact location)
INJURY CEMESTOR ASST. MEDICAL EXAMPLE.

\_, 19 50, that I last saw the

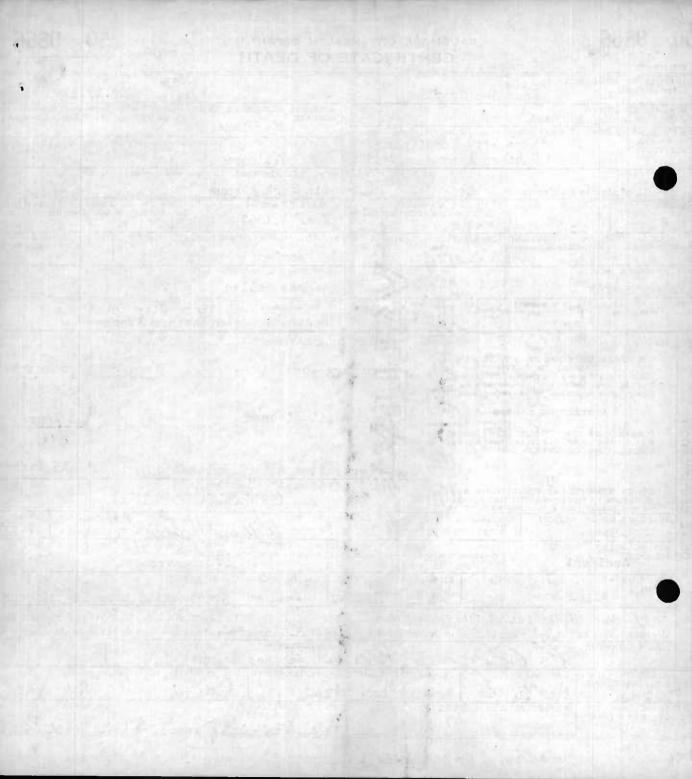
23c. DATE SIGNED

(State)

NOT WHILE 8-16 22. I hereby certify that I attended the deceased from. . 19-50 and that death occurred at 8.05 am., from the causes and on the date stated above.

1ASOSHTA.

186a



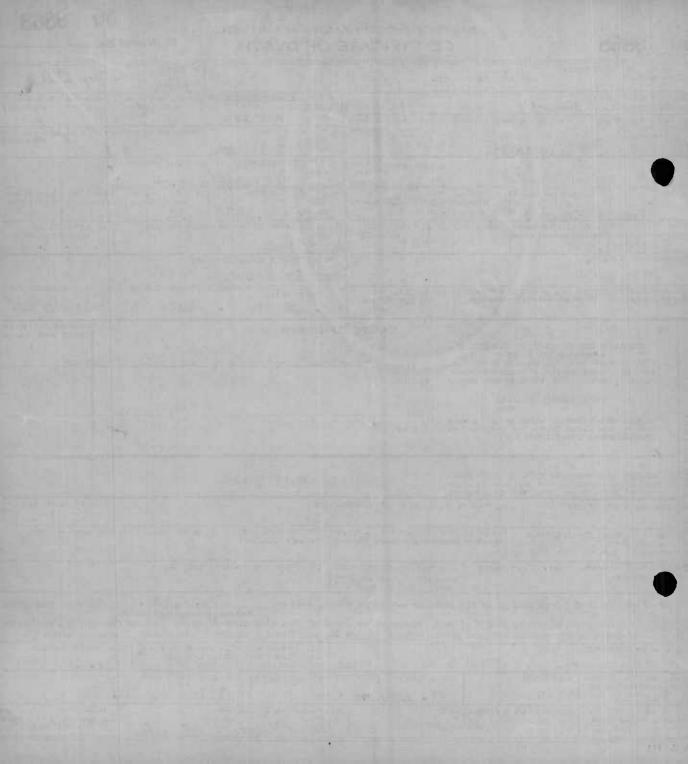
. Exam. Case BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH NAME OF DECEASED
Type or Print) 2. DATE HNderson DEATH B. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) . FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate | mits, write R | RAL and give township) C. CITY OR TOWN LOUIS HOPKIES HOSPITEL NSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 120 Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years | f Under | Year | f Under 24 Hours | last birthday) | Months; Days | Hours | Min. If Under 24 Hours WIDOWED, DIVORCED (Specify) 4-78-8 IOA. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY U.S.A. Standards Carpenter Sweden 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yos, no or unknown) (If yos, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. No 04-03-1394 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY 1255 Embolism, cerebral LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUF TO Heart disease, valvular ANTECEDENT CAUSES OUE TO + my o cardial, couse unknown DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c) Arteriogalerosis OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION CHEEF OR ASST. MEDICAL EX 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE! 401950, to 111 10/3/ , 195, that I last saw the 22. I hereby certify that I attended the deceased from. 19//-/and that death occurred ates Am., from the causes and on the date stated above. deceased alive on\_ 23A. SIGNATURE 24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 11-21-1950 BURILL DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR houston filleants fire HYATTS VILLE VS 150 51097

F 1/ F 3 1925 THE WAR STORE STORE OF STREET Here Verney report signi AMERICAN CASCALLA CONTRACTOR CONTRACTOR DIE DE LA CONTROL DE L'ANTINE DE L'ANTINE DE CONTROL DE L'ANTINE DE A CARTON OF

## BALTIMORE CITY HEALTH DEPARTMENT

50 9868

	) 986	8			CERTIE	FICATE	OF DEAT	Н	Regi	stered N	Vo		
1.	NAME OF D	ECEASED	BE	RTHA	S.	FINKS			2. DATE OF DEATH	Nov.	16,	1950	
A.	PLACE OF D Baltimore (	City, Mar		1			4. USUAL RESID	ence (Wi				on: residence pefore admls	
H	FULL NAME OSPITAL OR ISTITUTION				ion, give stree	location)	C. CITY OR TOWN	1 (If o	outside corpo	rate limit	s write		d give
-		ייש איי	olphin	ot.		Yrs.	D. STREET ADDR	imore Ess (Ifr	ural, give loc	eation)	<u> </u>		
c.	gth of s	tay in Ba				Mos. Days	748 D	olphir	St.				
5.	SEX	6. COLOR	OR RACE	7. SINGLE WIDOW	ED, DIVORC	ED (Specify)	8. DATE OF BIRT	Н	9. AGE (ln last birt)	years Mo	tunder 1 Year that Da	at H Under 24 Lys Hours	Hours Min.
10	Fema	Le Col	ored	Marr	ied of Busini	SEE OR	March 3.		62	. 1			
orl	dooe during most	of working life, e	veo if retired)	IOB. KIND		NDUSTRY		State of 101	eigh country	"	TT WH	TIZEN OF	TRY?
13	Housew FATHER'S						Maryland 14. MOTHER'S MA	IDEN NA	ME		0 . 7	5 · A.	
	John :	Burk					Hattie Ba	con					
15 Ye	, mo or unknown)	ED EVER IN (If you, give	U, S. ARMED	FORCES? of service)	16. SOCIA SECUR	L RITY NO.	17. INFORMANT	d B. :	Finks	748 <sup>A</sup>	DORES	hin S	to
ERIFICATION	(This does heart failty injury or DISEASE: RISE TO TUNDERLY	LEADING s not mean are, asthenia complication ANTECEDI S OR CONE HE ABOVE YING CONI GIGNIFICAN TO THE DI	INDITION IS TO DEAT the mode of the mode o	H f dying, e. § f dying, e. § s the diseas ausod death ES  ANY, GIVIN STATING THAT.  FIONS CONNOT RELATE	(A) e, DUE TO  (B) (C)		riosclerotio		iovascu	lar D	iseas	ie	
נ	19A. DATE C				FINDINGS	OF OPER	ATION			173	20   YE	. AUTOPS	Y7
בוני	21A. EXTERNUNDERLYIN	G OR O	CONTRIB.		CE OF INJU				in Baltimo	re City, g	give exa	et location)	
Σ	21D. TIME		ay) (Year)		WHILE AT WORK	OCCURRE NOT WHILE	D 21F. HOW DID	YAULNI (	OCCUR?				
Ì	22. I certi	fy that I	took char	ge of the	remains de	escribed a	bove, held an		o. & In		_ ther	eon and j	from
	the eve and de	idence obt	ained by opinion	said Auto	psy, Insperion: natu	ction or I- ral causes	nquiry, find that , accident ,	said de	nspection or ccased die	d on th	e day indeter	stated ab mined [].	bove,
	23A. SIGNA	TURE	y //-	Du	elue	len	23B. CHIEF MI ASSISTANT M D. MEDICAL INV	EDICAL E	XAMINER	X N	ov. ]	signed 16, 195	
24 TIC	Burial	CREMA- 24 Specify)	1-20-5		Mt. A		ry or crematory Cem		imore,			.y) (St	ate)
	ATE RECEIVE	D BY   RE	GISTRAR'S	SIGNATU	RE	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	25. FUNERAL DIR		/		ADDR		
L	DCAL REGIST	950	Mirajo	or / /selli	aille, his	1	Morran	uc a.	Heus	ley 57	73 W.	Biddle	St.
V	S 151		- 10				6	930	1	1.		V	

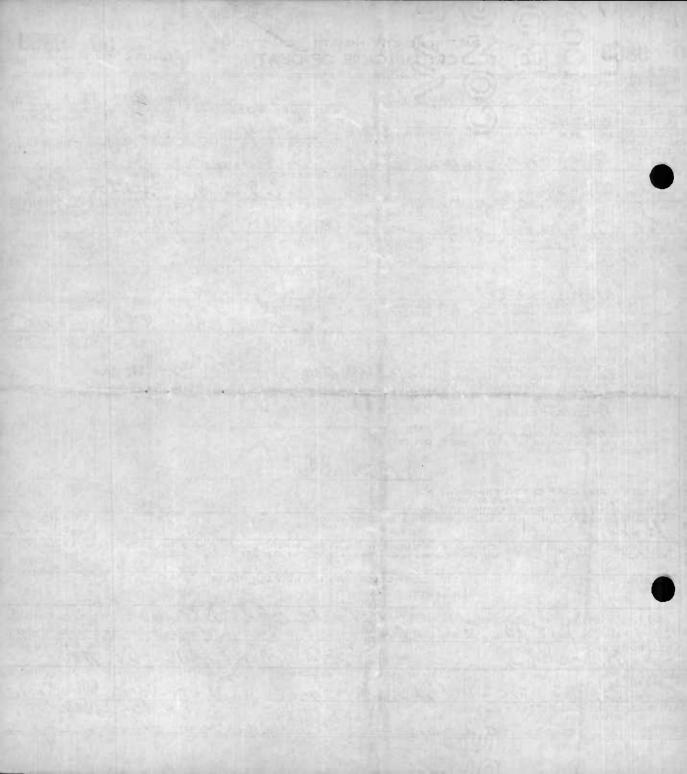


0 9869

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 9869

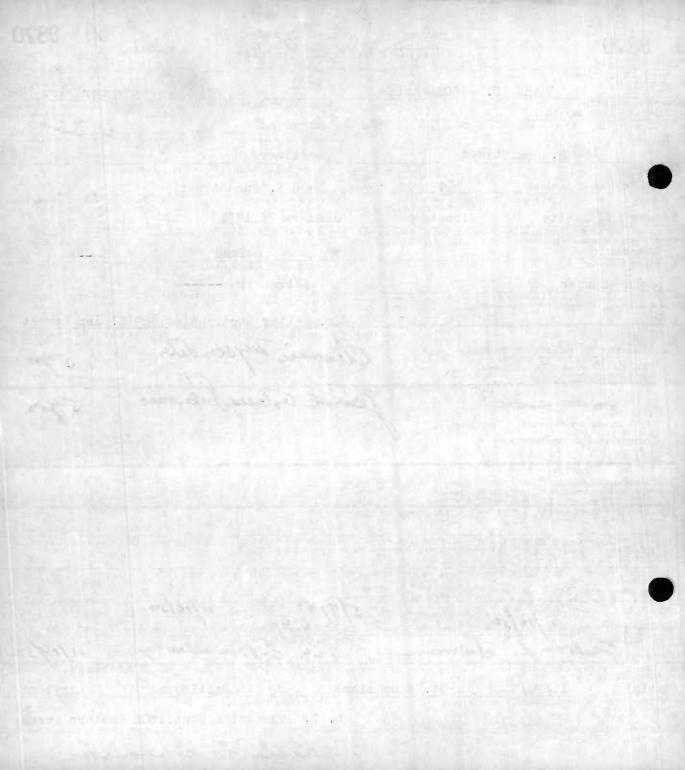
ORTH NO.	OF DEATH REGISTERED NO.
. NAME OF DECEASED	Lo Direc
Type or Print) James Hall	2. DATE OF DEATH MOV 16, 1950
. PLACE OF DEATH: . Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
FULL NAME OF (If not in hospital or institution, give street address or location) NSTITUTION  OR  OR  OR  OR  OR  OR  OR  OR  OR	c. CITY OR TOWN Alf outside corporate limits write KURAL and give
832 n fullon an.	Baltimore 6 (ownship)
Yrs. Mos. Days	o. STREET ADDRESS (If rural, give logition)
SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years II Under I Year II Under 24 Hours last birthday) Months; Days Hours; Min.
Hall Goldred masseld	Chi 9, 3, 877 73
OA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)  OAUTHOR	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
Tuchard Hall	lenkmon
5. WAS DECEASED EVER IN U. S. ARMED FORCES?  (If yos, give war or dates of service)  SECURITY NO.	17. INFORMANT ADDRESS
18. ILLIZY CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND OBATH
LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	dis vas croay van av
injury or complication which caused death.) OUE TO	2 manus
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO	141
UNDERLYING CONDITION LAST.	88
[[ (C)	way
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NDT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
130 DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?,
21A. ACCIDENT, SUICIDE.  HOMICIDE (Specify)  about home, farm, factory, street, office bldg. e	or   21c. WHERE DID (If in Baltimore City, give exact location)
NJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRING WHILE AT NOT WHILE	ED 21F, HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from W	- 1- 19, to 11 W/6, 19, that I last saw the
deceased alive on JUN 23, 1936, and that death occur	red at m., from the couses and on the date stated above.
23 SIGNATURE M.O.	38. ANDRESS Rund Hall as 22c. DATE SIGNED
44 BURIAL, CREMA- OK, BENOVAL (Specify)	RY OR CREMATORY 200 LOCATION (City, town, or county) (State)
A) Cural / - 20-30 Orbutus DATE RECEIVED BY   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR 478 N P. APPRETO
OCAL REGISTRAR	Mrs Hereney & He made
NOV 1 8 1950 Towns 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The Harman Harman
	1



9870 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE Type or Print) MARY C. SZCZEPANIAK DEATH November 16, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR C. CITY OR TOWN (If outside comporate limits write RURAL and give NSTITUTION 409 S. Ann Street Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Moe gth of stay in Baltimore 409 S. Ann Street DAYS S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years) 7. SINGLE, MARRIED. If Under I Year WIDOWED, DIVORCED (Specify) last birthday) | Months | Days | Hours | Min. Female White Widowed January 28,1871 OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF rk done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Household Poland USA 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth ----John Bandoch 5. WAS DECEASED EVER IN U. S. ARMED FORCES?
(os. no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. No Mr. Walter Szczepaniak, 409 S. Ann Street 18. CAUSE OF DEATH ONSET AND DEATH erouie Thyscos dels and toleres School DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY NOT WHILE 22. I hereby certify that I attended the deceased from , 19\_\_\_, that I last saw the deccased alive on\_ Pm., from the causes and on the date stated above. and that death occurred at 6 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIENED AA. BURIAL. CREMA-24D. LOCATION (City, than are all w) 24C. NAME OF CEMETERY OR CREMATORY 24B, DATE 11/20/50 Baltimore Burial St. Stanislaus Maryland DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS

VS 150

M. F. Sadowski & Sons, 1808 Eastern Avenue

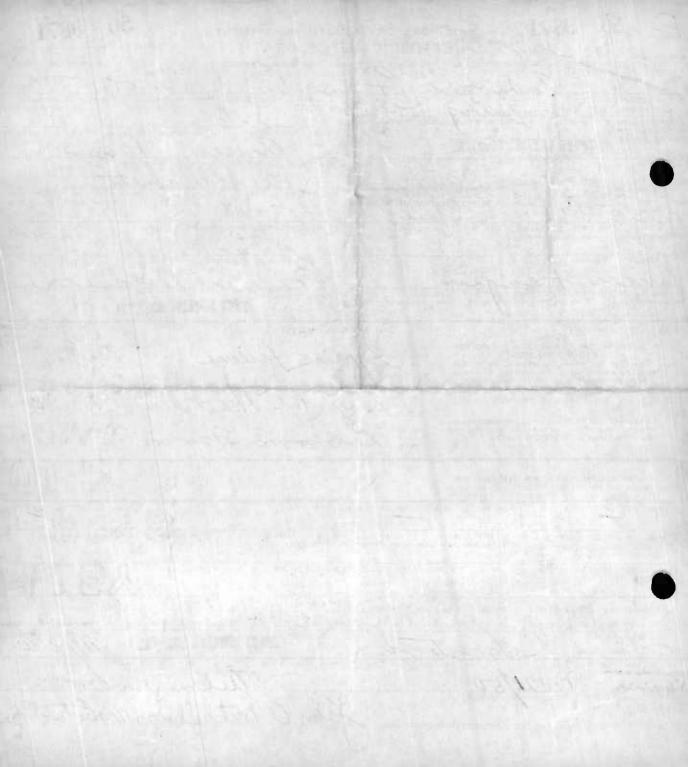


F. 250 9871 BALTIMORE CITY HEALTH DEPARTMENT X

50 9871

157 e

CERTIFICAT	E OF DEATH Registered No.
NAME OF DECEASED Edward Fe	2. DATE OF DEATH NOV. 18, 1950
B. PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY before admission)
IOSPITAL OR NSTITUTION JORANS AGRAINS HOSPITAL	
Yrs. Mos. Days	D. STREET ADDRESS (ffrural, give location)
Days  SEX 6. COLOR OR RACE 7. SINGLE MARRIED. WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours
OA. USUAL OCCUPATION (Give kind of rk done during most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
S. FATHER'S NAME Legain	14. MOTHER'S MAIDEN NAME
5. WAS DECEASED EVER IN U. S. ARMED FORCES?  os., no or unknown) (If yos., give war or dates of service) 16. SOCIAL  SECURITY NO.	17. INFORMANT JOILS GOPPING ADDRESS
DISEASE OR CONDITION DIRECTLY	gental Heart Shiese Brith
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.,	
2.1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY  WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from deceased alive on 1 , 19 and that death occur	rred at 8:45 m., from the causes and on the date stated above.
23A. SCHATURE Sassistor AM. D.	238. ADDRESS HILLS HOPKIES FORPITAL 23C. MATE SIGNED
June 10 246 DATE 24C. NAME OF CEMETE	aiken S.C.
OCAL REGISTRAR REGISTRAR'S SIGNATURE	John O. Mitchell Don 1900 Eulaw PL,
VS 150	



13-103	1				50	9872
50	9872			ALTH DEPARTMENT		
IRTH NO.			CERTIFICATI	E OF DEATH	Registered N	0
NAME OF D	ECEASED				2. DATE	
'ype or Print)	Wyli	e	Crank			6/1950
Baltimore C	EATH: City, Maryland B	alto.	City	4. USUAL RESIDENCE (V	Where deceased lived, If i B. COUNTY	nstitution : residence before admission)
FULL NAME			on, give street address or location)	Maryland		
SPITAL OR			joeation/	~ .	f outside corporate limits	write RURAL and give township)
	528 N. Bon	a St	Yrs.	Baltimore Ci		<i>U</i> .3
Longth of ci	tan in Politimons		Mos.			
SEX	tay in Baltimore	7. SINGLE	Days Days	528 N. Bond 8. DATE OF BIRTH	9. AGE (In years)	Under 1 Year   If Under 24 Hours
	0.7	WIDOW	ED, DIVORCED (Specify)	. 1	last birthday) Mor	nths Days Hours Min.
MA I	CUPATION (Give kind of	10B. KIND	ried OF BUSINESS OR	5/-5/1924 11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF
**	f working life, even if retired)	A A U	INDUSTRY	Chanton S C		WHAT COUNTRY
HOUSE FATHER'S N	WITE I	At H	ome	Chester S.C	AME	U.S.A.
D	M 0 27 0 29	Baile		Jessie	Sanders	
. WAS DECEASE	rover	FORCES?	16. SOCIAL	17. INFORMANT		DDRESS
s, no or unknown)	(If yes, give war or dates	of service)	SECURITY NO.	Allen Crank 5		
(This does heart failu	SE OR CONDITION LEADING TO DEA' not mean the mode re, asthenia, etc. It mea complication which of	TH of dying, e. g ns the diseas aused death	Co., (A)	of DEATH	ý.	INTERVAL BETWEEN
RISE TO T	S OR CONDITIONS, 1 HE ABOVE CAUSE (A) YING CONDITION LA	STATING TH		Myseallias		
OTHER S	II SIGNIFICANT CONDI	TIONS CON	(6)	1.	•	
TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D O	yfereman from	edaum	
			FINDINGS OF OPER	KTION		20. AUTOPSY?
	0					YES NO
21A. ACCIDE HOMICIDE	(Specify)	21B. PLA	CE OF INJURY (c. g., in arm,factory,street,office bldg.,	a or 21c. WHERE DID (ttc.) INJURY OCCUR?	(If in Baltimore City, g	ive exact location)
TIME (NJURY	Month) (Day) (Year)		VHILE AT WORK AT WORK	ED 21F. HOW DID INJUR	Y OCCUR?	
22. I hereh	y certify that I att		14	19 ,1950, to	11/16 1957	, that I last saw th
deceased al	, /			red at 7.30 Pm., from t		
23A. SIGNAT		de		SB. ADDRESS  822 N. Por	w St	11/18/50
AA BUDIAL (	REMAIL 24B DATE			RY OR CREMATORY   240. L	OCATION (City, town.	

24A. BURIAL. CREMA-TION, REMOVAL (Specify) Burial DATE RECEIVED BY LOCAL REGISTRAR

II/20/I950 white dos i Milanis in

Chester

UNERAL DIRECTOR.

Chester S.C. Bun

VS 150

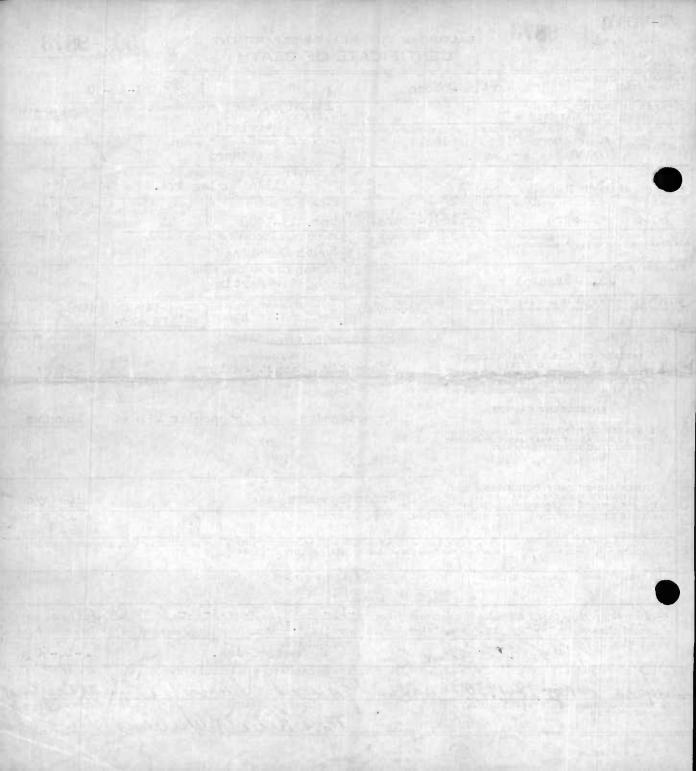
### 9873

### BALTIMORE CITY HEALTH DEPARTMENT

Basis 50 9873

BIRTH NO.			CERTIFICATI	E OF DEATH	registered	140	
1. NAME OF DEC (Type or Print)	EASED 1	Martin I	Dubose		2. DATE OF 11-1 DEATH	6-50	
s. PLACE OF DEA A. Baltimore City B. FULL NAME OF	y, Maryland	tal or institut	ion, give street address or	4. USUAL RESIDENCE () A. STATE Maryland			: residence ore admission)
HOSPITAL OR BINSTITUTION 4	altimore C 940 Eastern	ity Hosp	oitals location)		f outside corporate lin	nits, write RU	JRAL and give township)
	y in Baltimore	2lyrs	Yrs. Mos. Days	D. STREET ADDRESS (IF		zone l	7
Male	Negro	Marri	E. MARRIED. ED. DIVORCED (Specify) Led (Separated)	Nov. 15-1906	9. AGE (In years last birthday)	If Under 1 Year Months Days	Hours Min.
Ork done during most of we	orking life, even if retired.	1	OF BUSINESS OR INDUSTRY	South Carolina		12. CITIZ WHA	EN OF T COUNTRY
13. FATHER'S NAM	Prestel			Louise Martin	AME		
15. WAS DECEASED Yes, no or unknown)	EVER IN U.S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	Records: 4940	imore City H Eastern Ave	ospitæl •	S
(This does no heart failure, injury or co	OR CONDITION EADING TO DEA to mean the mode asthenia, etc. It me mplication which MTECEDENT CAU OR CONDITIONS, ABOVE CAUSE (A) IG CONDITION L	TH of dying, e. g ans the diseas caused death SES  IF ANY, GIVIN STATING TH	Conges  (A) Conges  (B) Hypert  (B) Hypert	of DEATH  tive Heart Failu  ensive Cardiovas		2-	t and death
TRIBUTING T	NIFICANT COND O THE DEATH, BUT ASE OR CONDITION	NOT RELATE	D Bronch	opneumonia		10.	-days
19A. DATE OF O	0	218. PLA	FINDINGS OF OPER CE OF INJURY (e. g., in arm, factory, street, office bldg., e	or 21c. WHERE DID (	If in Baltimore City	YES	NO No location)
INJURY	nth) (Day) (Year	m.	VHILE AT NOT WHILE WORK AT WORK				
deceased alive	on 11-10-	tended the	deceased from 11-	red at 3.10Am., from t	the causes and on	the date s	
23A. SIGNATUI 24A. BURIAL, CRE TION.,REMOVAL (Special Control of the Certain Control of the	MA. 248. DATE  Nor 18  BY I REGISTRAR	19507	narting 9	RY OR CREMATORY 24D. L 25. FUNERAL DIRECTOR	OCATION (City, town	n, or county)	(State)
TO SUL WEGISTINA			18 18	11 1 1			

2906A O93d



D-102887408

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 9874

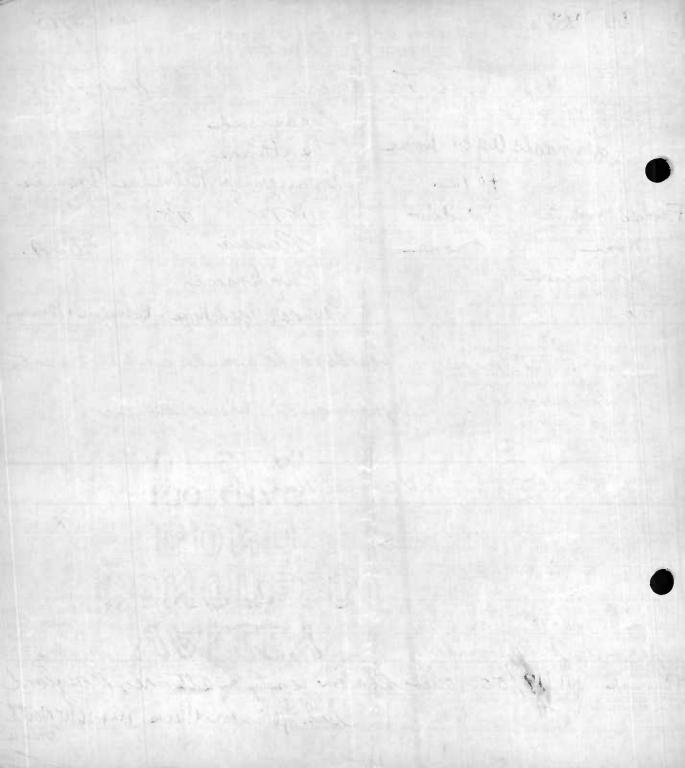
CERTIFICAT	E OF DEATH Registered No.
NAME OF DECEASED Print) Davis	2. DATE OF DEATH November 16, 1950
Baltimore City, Maryland Well. Opl 4	4. USUAL RESIDENCE (Where deceased lived. If institution: residence  B. COUNTY  before admission
FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location NSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Yrs.	D. STREET ADDRESS (If rural, give location)
Mos. Days	17/41 5 5
SEX 6. COLOR DR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (in Dears If Under I Year Mounts Days Hours Min
DA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
INDUSTRY during moet of working life, even if retired)	paels. ma.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
5. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL  SECURITY NO.	17. INFORMANT ADDRESS
18. 456 x . CAUSE	OF DEATH INTERVAL BETWEE ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	is Eughematoeus
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	is calling of the same of the
ANTECEDENT CAUSES	disseminated (over)
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERATION   19B. MAJOR FINIS   19B. MAJOR F	RATION   20. AUTOPSY?
ν   -	in or   21C. WHERE DID (If in Baltimore City, give exact location)
21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING About home, farm, factory, street, office bldg.	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE NJURY WHILE AT NOT WHILE	
m. WORK AT WORK	
deceased alive on 11-10, 1950, and that death occu	arred at 10 20 km., from the causes and on the date stated about
1 te Let Laugherd M.D.	236. ADDRESS HOPELES HOSPITAL 23c. PATE SIGNE
4A. BURIAL, CREMA- ION REMOVAL (Specify)	ERY OR CREMATORY 24D. OCATION (City, town, or county) (State
SEMOURE PROJECT OF THE PROJECT OF TH	25. FUNERAL DIBECTOR ADDRESS
OCAL REGISTRAR Thentogion / Milant, A:	mis Arbert a. Ellist vienge
WUVS 150	11202 (

643 8C

1129 n. Carolino St.

See Document File 50-9874

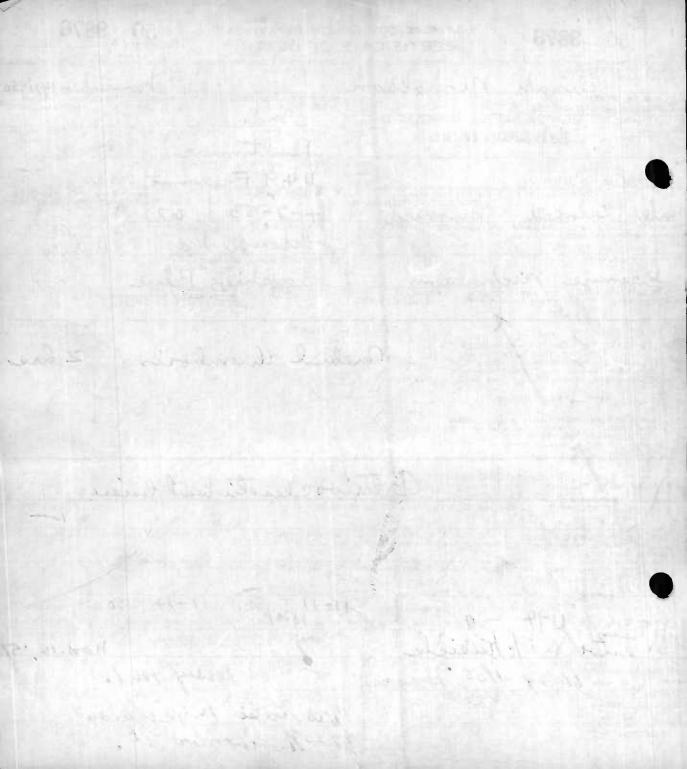
50 987	5 Fr	elyer	50	9875
F-626	BALTIMORE CITY	TE OF DEATH	Registered No.	.75
	rs Rose Free	30r	2. OATE OF 1/-18	-1950
PLACE OF DEATH: Baltimore City, Maryla		4. USUAL RESIDENCE (W	here deceased lived. If insti B. COUNTY	itution : residence before admission)
STITUTION LUnd	ole aged Home	12 alimae	outside corporate limits, wi	rite RURAL and give township)
Length of stay in Baltin		The constant	Belive leve (	Irennes
SEX 6. COLOR OR Fernale white	RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Speci	B. OATE OF BIRTH 1	9. AGE (In years last birthday) Months	Days   If Under 24 Hours   Days   Hours   Min.
DA. USUAL OCCUPATION (Gi k done during most of working life, even	vekind of ifretired) 10B. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLICE (State or fo	reign country) 12.	CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME	~	14. MOTHER'S MAIDEN NA		
5. WAS DECEASED EVER IN U. See, no or unknown) (If yes, give we	ARMED FORCES? 16. SOCIAL SECURITY NO.	10 INFORMANT	Home - Belnede	
DISEASE OR CONDICATION OF THE PROPERTY OF OF THE PROP	TION DIRECTLY DEATH mode of dying, e.g., It means the disease, which caused death.)  CAUSES  ONS, IF ANY, GIVING SE (A) STATING THE ION LAST.  (A)  (B)  (B)  (C)		heze	INTERVAL BETWEEN ONSET AND DEATH
OTHER SIGNIFICANT TRIBUTING TO THE DEATH TO THE DISEASE OR COM	H, BUT NOT RELATED TOUCH OF	nellilus, Para	ensia.	
19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OP			YES NO
21a. ACCIDENT WAS UN LYING OR CONTRIBUT CAUSE OF DEATH			f in Baltimore City, give	exact location)
NJURY (Month) (Day)	(Year) (Hour) 21E, INJURY OCCUP  WHILE AT NOT WHI  AT WORK AT WOR	LE	OCCUR?	
deceased alive on 11-	t I attended the deceased from  1950 and that death occ	urred at 9 2. m., from th	$\frac{7-78}{1950}$ , the causes and on the d	late stated above.
Justine 7	Muniters M.D.	Levindale		3c. DATE SIGNED (1-18-57).
4A. BURIAL, CREMA- PREMOVAL (Specify)	19/50 oher sho	low Cemety 12	alterne, M	rayland
OCAL REGISTRAR	THE TO I MINING	Sol Llinson	1Bin. 1124-	26 W. North
01 vr #820	- 0	· · · · · · · · · · · · · · · · · · ·	061	(Inenue



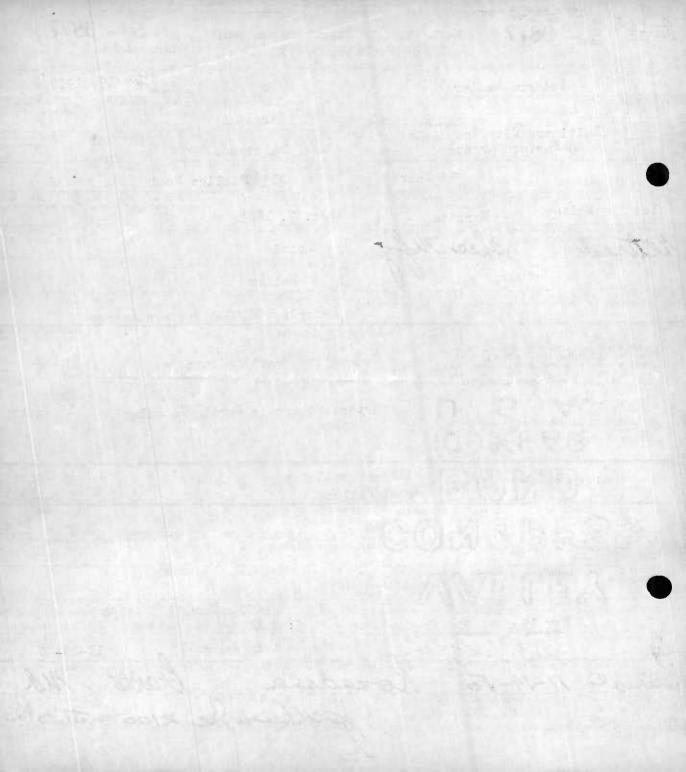
V-242	-
IRTH NO.	
NAME OF DECEASED Type or Print)	-
. PLACE OF DEATH: 0 . Baltimore City, Maryla	I
FILL NAME OF (If not i	20

# BALTIMORE CITY HEALTH DEPARTMENT 50 9876

CERTIFICATE	E OF DEATH Registered No.
NAME OF DECEASED.	2. DATE OF DEATH November 141/950
PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. STATE B. COUNTY before admission)
FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR ISTITUTION location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Yrs. Mos,	D. STREET ADDRESS (If rural, give location)
1 th of stay in Baltimore Days Sex   6.COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years   fi Under 24 Hours
nale Calined married (Specify)	4-7-83 last birthday) Months Days Hours Min.
A. USUAL OCCUPATION (Givekind of k done during most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
FATHER'S NAME	14. MOTHER'S MAIDEN NAME
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yos, give war or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT JEEKS NOPLING HOSPANDRESS
18. 420.0 CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.)	hal thomboris 2 hre
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)	
11 0 -	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	os claratic beaut disease
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in about home, farm, factory, etreet, office bldg., etc.)	
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	
m.   WORK LAT WORK	1)-11, 1950, to 1)-14, 1950, that I last saw the
deceased alive on 1174 1950, and that death occur	rred at 10 30 km., from the causes and on the date stated above.
23A. SIGNATURE (1. Mc Kusicle M.D.) 2	38. ADDRESS TIS HOPKIES HOSPITAL
4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE ON, REMOVAL (Specify)	RY OR CREMATORY 249. LOCATION (City, town, or county) (State)
ATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR	25. FUNERAL DIRECTOR R MALE ADDRESS
VS 150	12. W Solonder At
82010 3	11. summer s . 093 x



50- 9873 BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE Nov 19. 1950 (Type or Print) Isidore Wexler 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE Maryland A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME of altimore City Hospitals location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 4940 Eastern Avenue Baltimore D. STREET ADDRESS (If rural, give location) Yrs. 3 Years Mos. 4136 Pimeico Road gth of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years) ff Under 1 Year last birthday) Months: Days Hours: Min. Male White Dec. 7, 1881 Married 10A. USUAL OCCUPATION (Give kind of rork done duri most of working life, even if retired) 11. BIRTHPLAGE (State or foreign country) 10BAKIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY Russia 14. MOTHER'S MAIDEN NAME Gersan Esther 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS Records BCH 4940 Eastern Avenue INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Congestive Heart Failure heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Arteriosclerotic Cardio Vascular 15 Years DISEASES OR CONDITIONS, IF ANY, GIVING Disease RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Diabetes mellitus 10 Years OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Renal Failure TO THE DISEASE OR CONDITION CAUSING IT. 2 Dave 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from Nov 13 . 19 50 to Nov 19 , 19 50, that I last saw the deceased alive on Nov 19 , 19 50 and that death occurred at 5:40 AM, from the causes and on the date stated above 23A. SIGNATURE DE Eastern Avenue 23c. DATE SIGNED 11-19-50 BURIAL, CREMA-24B. DATE 24c. NAME 24D. LOCATIO REGISTRAR'S SIGNATURE DDRESS DATE RECEIVED BY LOCAL REGISTRAR wester of or ithliaille 1. 2.



F.435

50- 9878

)U- 30	CE	RTIFICATE	OF DEATH	Registered N	0
NAME OF DECEASED	TULIUS	FELT	MAN	2. DATE OF DEATH	18-50
PLACE OF DEATH: Baltimore City, Mary	land		4. USUAL RESIDENCE	Where deceased lived, If i	nstitution: residence before admission)
	t in hospital or institution, Hount 37.6	give street address or location)	c. CITY OF TOWN (I	If outside corporate limits	, write RURAL and give township)
agth of stay in Bal		Yrs. Mos. Dans	D. STREET ADDRESS (I	f rural, give location)	ave
sex 6. COLOR	OR RACE   7. SINGLE, M	ARRIED, DIVORCED (Specify)	8. DATE OF BIRTH 1-57 78		Under 1 Year If Under 24 Hours this Days Hours Min.
A. USUAL OCCUPATION a done of ring most of working life, ev	en if retired)	BUSINESS OR INDUSTRY	11. BIRTH LACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
FATHER'S NAME			Rosly	NAME	
5. WAS DECEASED EVER IN ( 6. no or unknown) (If yes, give	J. S. ARMED FORCES? war or dates of service)	SECURITY NO.	17. INFORMANT Folds	man - 3739	Mortoria Pd
LEADING (This does not mean theart failure, asthenia, injury or complication  ANTECEDE  DISEASES OR COND	I IDITION DIRECTLY TO DEATH he mode of dying, e.g., etc. It means the disease, which caused death.)  NT CAUSES  ITIONS, IF ANY, GIVING AUSE (A) STATING THE ITION LAST.	OUE TO	bral Arter	iorleinis	INTERVAL BETWEEN ONSET AND DEATH
OTHER SIGNIFICAN	T CONDITIONS CON-	(c)	m Mar a	20. 0440	2 dans
	CONDITION CAUSING IT.	NDINGS OF OPERA	TION	, Company	20, AUTOPSY?
19A. DATE OF OPERATI	O TOB, MAJOR FIL	ADINGS OF OPERA	11014		YES NO P
21a. ACCIDENT WAS I LYING OR CONTRIB CAUSE OF DEATH		OF INJURY (e. g., in factory, street, office bldg., et	or 21c. WHERE DID INJURY OCCUR?	(If in Baltimore City, g	ive exact location)
NJURY (Month) (D	ay) (Year) (Hour) 21E. m. WHIL wo		D 21F. HOW DID INJUF	RY OCCUR?	
	hat I attended the dec		7450, to		that I last saw the
deceased alive on	1-12, 19 30. and		BB. ADDRESS	Calvert St	23c. DATE SIGNED
BURIAL CREMA- 24 ON REMOVAL (Specify)	-19-50 M	NAME OF CEMETER	grael 24d.	Balto	Ma
OCAL REGISTRAR	GISTRAR'S SIGNATURE	6. B. M.	2016 REVERY	w ZIONE	CODRESS PE

VS 150

097.0

WALLE FERENCE M The Movert of the first and the second second second がす。まずかり 文をだといる中かり Because it as that is the constitution of the terminal

OCAL REGISTRAR

VS 150

50- 9878

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) November 16,50 Emma Elizebeth Kruelle DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland 4515 Hampnett Av. B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Balto. D. STREET ADDRESS (If rural, give location) Yrs. Mos. hength of stay in Baltimore 4515 Hampnett Ave. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | | Under | Year | | Under 24 Hours | last birthday) | Months; Days | Hours | Min. WIDOWED, DIVORCED (Specify) Feb.23 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork dane during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Balto. Md. None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Clara Rother Geo. Thomas 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, nn or unknown) (If yes, give war nr dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. Mr. Carl Kruelle 4515 Hampnett Ave. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) scleratio Spart desease ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF 20. AUTOPSY 218. PLACE OF INJURY (e. g., in nr 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH Y. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? AT WORK . 1948 to Nov/6 , 1950, that I last saw the 22. I hereby certify that I attended the deceased from luggest deceased alive on Nov. 15. 1950, and that death occurred at 3:40 Pm., from the causes and on the date stated above. 23A. SIGNATURE 4A. BURIAL, CREMA-24B, DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) ON. REMOVAL (Specify) Immanuel Cem. Balto. Md. Nov. 19. 50 Burial REGISTRAR'S SIGNATURE ATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS

Paul A. Heemann 6067 Harford Rd.

Harbold Houng RA State of the State was to the Autor of the Control of the ALCOHOLD AND ME INCHES

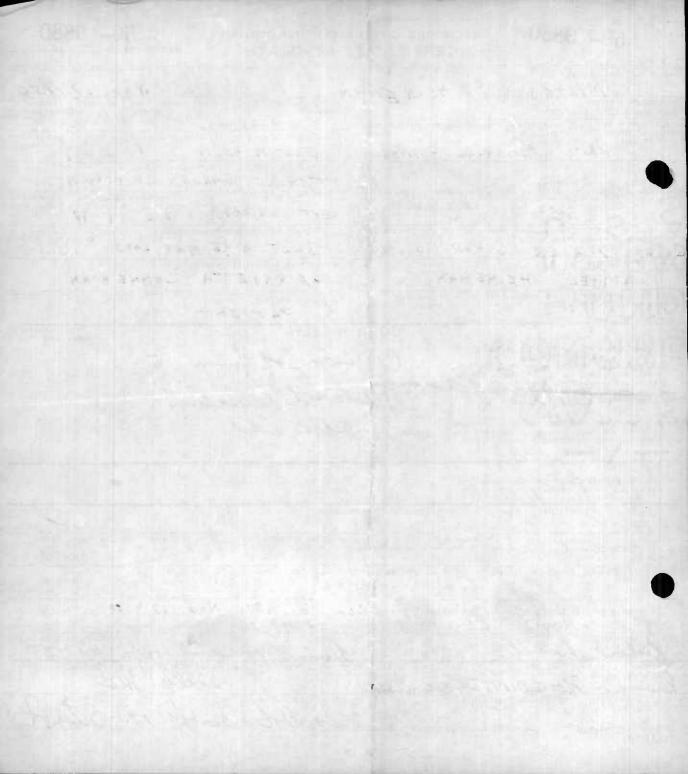
## BALTIMORE CITY HEALTH DEPARTMENT

59- 9880

CERTIFICATE OF DEATH Registered No. NAME OF DECEASED 2. DATE 'ype or Print) S. HEINEMAN DEATH NOV. 17,1950 1/4TON PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence Baltimore City, Maryland A. STATE B. COUNTY before admission) FULL NAME OF (If not in hospital or institution, give street address or MARYLAND OSPITAL OR location (If outside corporate limits, write RUBAL and give NSTITUTION UNLON MEMORIAL BALTIMORE, 17 HOSPITAL D. STREET ADDRESS (If rural, give location) Mos. GARDEN APARTMENTS TEMPLE gth of stay in Baltimore 8. DATE OF BIRTH 6. COLOR OR RACE 9. AGE (In years | Munder | Year | Munder 24 Hours last birthday) | Months; Days | Hours | Min. 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) SEPT. 29,1878 OA. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF rk done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? BALTIMORE MARYLAND GIGAR INDUSTRY GIGAR DEALER U.S. A 14. MOTHER'S MAIDEN NAME 3. FATHER'S NAME HEINEMAN HENRIETTA SONNE BORN SAMUEL 5. WAS DECEASED EVER IN U. S. ARMED FORCES?

os, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT **ADDRESS** SECURITY NO. PATIENT INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY sections of funge & LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERebout home, farm, fectory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21F, HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NJURY WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from Nov 16, 1950 to Nov. 17, 1950 that I last saw the deceased alive on Nov. 17 . 1956 and that death occurred at \$200 m., from the causes and on the date stated above. 234 SIGNATURE 23c. DATE SIGNED 4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 240' LOZATION (City ATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRES\$ OCAL REGISTRAR

> weeksty por 1 1000 aster 11 2904A



	C-145	5 9881	BA	LTIMORE CITY H	EALTH DEPARTM E OF DEATH			- 9881
-	IRTH NO.			OLIVIII IOIVI	E OF BEATT			
	. NAME OF D Type or Print)	DECEASED	SARAH	COPEL	AND	2. DATE NO DEATH	ov. 16,	1950
A		City, Maryland			A. STATE	ICE (Where deceased live	red. If institu	ution : residence before admission
H	FULL NAME OSPITAL OR NSTITUTION	Provident		tion, give street address or location	C. CITY OR TOWN	(If outside corporation of the c	e limits, writ	te RURAL and giv
C	eth of s	stay in Baltimor		Yrs. Mos. Days	4206	s (If rural, give location of the constitution	Rd.	1
	Female		WIDOW	E, MARRIED, VED, DIVORCED (Specify)	July 26 .1	1967 43	ars   H Under 1 y)   Months	Vear If Under 24 Hours Days Hours Min.
wor	k done during most	CUPATION (Give ki of working life, even if ret NAME	ndof 10B. KINE	OF BUSINESS OR INDUSTRY	14. MOTHER'S MAIL	r. md.	12. C	CITIZEN OF WHAT COUNTRY
15 (Ye		ED EVER IN U. S. AF	MED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ie F	GOA APPORE	ss Un of
,	A MO OF MEMBORIA	(11 305) give was or		SECURITY NO.	me Alt	en land	Part	
RTIFICATION	heart failt injury or DISEASE RISE TO T UNDERL	LEADING TO E so not mean the moire, asthenia, etc. It complication which antecedent C S OR CONDITION THE ABOVE CAUSE YING CONDITION III	de of dying, e. means the diseasch caused death AUSES S, IF ANY, GIVIN (A) STATING THE	(B)	ensive Cardio	vascular Dise	ase	
ERT	TRIBUTING	TO THE DEATH, E	BUT NOT RELATE	ED C				
CAL CE		OF OPERATION	198, MAJOR	FINDINGS OF OPER				20. AUTOPSY?
EDIC/	UNDERLYIN	NAL CAUSE WAS G  OR CONTR CAUSE OF DEA	B. about home, f	ACE OF INJURY (e. g., i arm,factory,street,office bldg.,	n or 21c, WHERE DIE etc.) INJURY OCCUR?		lity, give ex	act location)
Σ	2 ID. TIME INJURY	(Month) (Day) (Y		21E. INJURY OCCURR WHILE AT WORK AT WORK	ED 21F. HOW DID I	NJURY OCCUR?		
	the ev	idence obtained	by said Auto	remains described of psy, Inspection or interest of the control of	Au Inquiry, find that so	topsy, Inspection or Inc aid deceased died o	quiry on the day	ereon and from y stated above ermined .
	23A, SIGNA		28/		238. CHIEF MED ASSISTANT MED	ICAL EXAMINER	23c. DA	17, 1950
7	4A. BURIAL. (S	Specify)	E	24c. NAME OF CEMETE			town, or cou	inty) (State)

24A TION DATE RECEIVED BY LOCAL REGISTRAR RÉGISTRAR'S SIGNATURE ADDRESS ADDRESS 25. FUNERAL DIRECTOR 7208X093

microsof the land of the 2.17 (16/ 90 Trof but strail sales toward strained hatter Francisco stand namer + bee Riter ("ageland France who the the selection of the order A) ment T - bist of

-56	1 3883
NO.	M.R.
E OF D	DECEASED

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50- 9883

Registered No-BIRTH 1. NAM 2. DATE (Type or Print) PROL EARFOSS DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF YENN HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION " LEBANOn Co LOUIS HOPKIES BOSPITE LEONA D. STREET ADDRESS (If rural, give location) Yrs. Mos. gth of stay in Baltimore MAPLE Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years if Under I Year It Under 24 Hours last birthday) Months! Days Hours Min. It Under 24 Hours WIDOWED, DIVORCED (Specify) 7-24-46 FEMALE SINGLE 108. KIND OF BUSINESS OR IOA. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Lebanon Co. Pa. 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lucile ZEARFOSS Ebright 5. WAS DECEASED EVER IN U. S. ARMED FORCES?
(es. no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT 1 8 30 1 1 ADDRESS SECURITY NO 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Torgenital heart duraine, LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) .... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOBSY? -9-50 (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY WHILE AT! NOT WHILE deceased alive on 11-18-, 1950, and that death occurred at 555 pm. from the causes and 11 that I last saw the 24A, BURIAL, CREMA-24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Evergreeb Cemt. Annville Pa. Remova /50 DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR marchiver / illenelle 1 3

VS 150

The second second second Hit Hate mitteu Comparison of Sheller 249-50 PELL Merende Stonenie -1-2----11-17-54.

INAME OF DECEASED  (Type of Print)  John  JACKSON  JACKSO	J-250 CERTIFICATE CORRECT BALTIMORE CITY HE	TED 11-28-50 EALTH DEPARTMENT 50- 9882
NAME OF DECEASED   John   Jackson   2.Date of the Company of the	CERTIFICAT	
John JACKSON DATA  Baltimore City, Maryland  B. FULL NAME OF "If not in beginal or insultation, sive steep address or location."  B. FULL NAME OF "If not in beginal or insultation, sive steep address or location."  B. FULL NAME OF "If not in beginal or insultation, sive steep address or location."  B. FULL NAME OF "If not in beginal or insultation, sive steep address or location."  Maryland General Hospital  You have been demission.  The Maryland General Hospital  You have been demission.  The Baltimore  D. STREET ADDRESS (If rural, sive location.)  The Baltimore  D. STREET ADDRESS (If rural, sive location.)  The Baltimore  D. STREET ADDRESS (If rural, sive location.)  The Baltimore  D. STREET ADDRESS (If rural, sive location.)  The Baltimore  D. STREET ADDRESS (If rural, sive location.)  The Baltimore  D. STREET ADDRESS (If rural, sive location.)  The Baltimore  D. STREET ADDRESS (If rural, sive location.)  The Baltimore  D. STREET ADDRESS (If rural, sive location.)  The Baltimore  D. STREET ADDRESS (If rural, sive location.)  The Baltimore  D. STREET ADDRESS (If rural, sive location.)  The Baltimore  D. STREET ADDRESS (If rural, sive location.)  The Baltimore  D. STREET ADDRESS (If rural, sive location.)  The Baltimore  D. STREET ADDRESS (If rural, sive location.)  The Baltimore  D. STREET ADDRESS (If rural, sive location.)  The Baltimore  D. STREET ADDRESS (If rural, sive location.)  The Baltimore  D. STREET ADDRESS (If rural, sive location.)  The Baltimore  D. STREET ADDRESS (If rural, sive location.)  The Baltimore  The	1. NAME OF DECEASED	2 DATE
3. PLACE OF DEATH:  Baltimore Of (if not in begins or institution, give street address or institution)  B. FULL NAME OF (if not in begins or institution, give street address or institution)  B. FULL NAME OF (if not in begins or institution, give street address or institution)  Maryland General Hospital  Yr. Mo. Do. J. Maryland General Hospital  Ogth of stay in Baltimore  S. SEX (COLOR on RACE 7. SINGLE. MARRIED.  WIDOWED DIVORCED (specific Markied)  M. C. COLOR on RACE 7. SINGLE. MARRIED.  On J. USUAL REGISTROY (Girshald) Months Days Hours Min.  M. C. COLOR on RACE 7. SINGLE. MARRIED.  On J. USUAL REGISTROY (Girshald) Months Days Hours Min.  M. C. COLOR on RACE 7. SINGLE. MARRIED.  ON J. J. MAR INCOMPANY (AND MARKED) Months Days Hours Min.  M. M		OF
Maryland General Hospital  Yrs.  State of stay in Baltimore  S. SEX  S. COLOR OR RACE   7. SINGLE, MARRIED.  WIDOWED, DIVORCED (Speedin)  A USUAL OCCUPATION (Give linded)  Jo. AUGUAL OCCUPATION (G	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence
Maryland General Hospital    Settimore	HOSPITAL OR location)	
S. SEX 6. COLOR OR RACE 7. SINGLE MARRIED DAYS  5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED BOOM  OF DAYS 17. SINGLE MARRIED BOOM  OF DAYS 17. SINGLE MARRIED BOOM  OF DAYS 18.		li township)
5. SEX  6. COLOR OR RACE  7. SINGLE MARRIED  WIDOWED DIVORCED (Specify)  10. AUSUAL OCCUPATION (Givelinded for Kind of Business OR INDUSTRY)  11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  WHAT COUNTRY?  13. FATHER'S NAME  14. MOTHER'S MAIDE NAME  15. WAS DECEASED BY SETTING U.S. ARRING PORCES?  16. SOCIAL TY NO.  SECURITY NO.  17. INFORMANT TREATED  18. O' Y WHAT COUNTRY?  9. AGE (In years)  18. INFORMANT TREATED  19. AGE (In years)  18. INFORMANT TREATED  19. AGE (In years)  18. INFORMANT TREATED  19. AGE (In years)  19. AGE (In years)  10. AUSUAL OCCUPATION (Givelinded for the foreign mountry)  10. INFORMANT TREATED  10. AMOTHER'S MAIDE NAME  11. BIRTHPLACE (State or foreign country)  11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  WHAT COUNTRY?  WHAT COUNTRY?  WHAT COUNTRY?  10. AMOTHER'S MAIDE NAME  11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  WHAT COUNTRY?  11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  12. MOTHER'S MAIDE NAME  13. MOTHER'S MAIDE NAME  14. MOTHER'S MAIDE NAME  15. MAT HER'S MAIDE NAME  16. DATE OF DEATH  17. INFORMANT TREATED  17. INFORMANT TREATED  18. MOTHER'S MAIDE NAME  18. MOTHER'S MAIDE NAME  19. ACE (In years)  10. AMOTHER'S MAIDE NAME  11. BIRTHPLACE (State or foreign country)  11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  12. CITIZEN OF WHAT COUNTRY?  12. MOTHER'S MAIDE NAME  13. MOTHER'S MAIDE NAME  14. MOTHER'S MAIDE NAME  15. MOTHER'S MAIDE NAME  16. AMOTHER'S MAIDE NAME  17. INFORMANT TREATED  17. INFORMANT TREATED  17. INFORMANT TREATED  18. MOTHER'S MAIDE NAME  18. MOTHER'S MAIDE NAME  19. ACE (In years)  19. ACE (In years)  10. AMOTHER'S MAIDE NAME  11. BIRTHPLACE CSTANLE NAME  11. BIRTHPLACE (State or foreign double like what country)  12. CITIZEN OF COUNTRY?  12. CHARLES NAME  13. AMOTHER'S MAIDE NAME  14. MOTHER'S MAIDE NAME  15. AMOTHER'S MAIDE NAME  16. AMOTHER'S MAIDE NAME  17. INFORMANT TREATED  18. AMOTHER'S MAIDE NAME  18. MOTHER'S MA	Yrs. Mos.	
DAL SUAL OCCUPATION (Givelinded   10s. KIND OF BUSINESS OR   1. BIRTHPLACE (State or foreign country)   12. CITIZEN OF what flat result in the day of the great of washing flat result in the process of the great of great of the great of great of the great of great of the great of great of the great of g	2471	
13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   15. WAS DECEASED EVERIN U.S. ARMO FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT AT DEATH   17. INFORMANT AT DEATH   18. O	M C WIDOWED, DIVORCED (Specify)	
15. WAS DECEASED EXPENDING US. ARRAD PORCEST TWO.  16. O. T. WORK THE COLUMN TO CONTRIBUTION DIRECTLY  (This does not mean the mode of dying, c. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DISEASE OR CONDITION DIRECTLY  (This does not mean the mode of dying, c. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  (A)		
CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASE OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION CAUSING IT.  21A. EXTERNAL CAUSE WAS LOOKED AND COUNTRIBUTION CAUSING IT.  21A. EXTERNAL CAUSE WAS LOOKED AND COUNTRIBUTION CAUSING IT.  21A. EXTERNAL CAUSE WAS LOOKED AND COUNTRIBUTION CAUSING IT.  21A. EXTERNAL CAUSE WAS LOOKED AND COUNTRIBUTION COUNTRIBU	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASE OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  21A. EXTERNAL CAUSE WAS LOOKED AND AND FINDINGS OF OPERATION  21A. EXTERNAL CAUSE WAS LOOKED AND AND AND AND AND AND AND AND AND AN	George Jackson	Florence Grooms
DISEASE OR CONDITION DIRECTLY  (This does Leading to DEATH  (This does Lea	Yes, no or unknown) (If yes, give war or date of service) 16. SOCIAL SECURITY NO.	17. INFORMANTARARDIA ADDRESS 7
DISEASE OR CONDITION DIRECTLY  (This does Leading to Dearty (This does Lea	18. A 2 2 X CAUSE	OF DEATH
(A) Leutic aneurysm of aorta with rupture heart failure, astenia, et. It means the disease, hard failure, astenia, et. It means the disease, hard failure, astenia, et. It means the disease, hard or complication which caused death)  ANTECEDENT CAUSE  DISEASE OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION COUNTY OF THE DISEASE ON CONDITION CAUSING IT.  19. DATE OF OPERATION 19. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?  YES NO 2  21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTION OR CONTRIB	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
injury or complication which caused death.) RUE TO into the pericardium  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTIONS OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTIONS OF OPERATION 21. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTIONS OF OPERATION 21. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTIONS OF OPERATION 21. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTIONS OF OPERATION 21. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTIONS OF OPERATION 21. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTIONS OF OPERATION 21. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTIONS OF OPERATION 21. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTIONS OF OPERATION 21. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTIONS OF OPERATION 21. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTIONS OF OPERATION 21. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTIONS OF OPERATION 21. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION OF OPERATION 21. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION OF OPERATION OF OPERATION 22. INTERCHAL CAUSE OR CREMATORY 24. EXAMINER OR ASSISTANT MEDICAL EXAMINER OR ASSISTANT MEDICAL EXAMINER ON ON OR OPERATION OF OPERATION CITY, found, or county) (Star)  PART OF THE ABOVE CAUSE OF DEATH.  DATE OF THE ABOVE CAUSE OF DEATH.  10 THE TOTHE DISTANCE OF THE ABOVE CAUSE OF OR CREMATORY 24D. LOCATION (City, town, or county) (Star)  11 TOTHE DISTANCE OF THE ABOVE CAUSE OF OR CREMATORY 24D. LOCATION (City, town, or county) (Star)  12 THE TOTHE DISTANCE OF THE ABOVE CAUSE OF OR CREMATORY 24D. LOCATION (City, town, or county) (Star)  13 TOTHE DISTANCE OF THE ABOVE CAUSE OF THE ABO	(This does not mean the mode of dying, e.g., (A)	aneurysm of aorta with rupture
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO  UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DISEASE OR CONDITION CONSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 220. AUTOPSY?  YES NO 221. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION 221. INJURY OCCUR?  UNDERLYING OR CONTRIBUTION CAUSE OF DEATH.  210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT MORK AT WORK AND AUTOPSY, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes 2 accident New State Control of Contro	injury or complication which caused death.) NINE TO into	the pericardium
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DESASE OR CONDITION SCONTRIBUTING TO THE DESASE OR CONDITION AUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CONTRIBUTING OR CONTRIBU		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 2.0. AUTOPSY?  19B. MAJOR FINDINGS OF OPERATION 2.1. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION COUNTRIBUTING OR CONTRIBUTION COUNTRIBUTION COUNTRIBUTIO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTION TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?  YES NO X 19B. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION CAUSE OF DEATH.  21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION CAUSE OF DEATH.  21B. PLACE OF INJURY (e.e., in or UNJURY OCCUR?  1NJURY OCCUR?  21C. WHERE DID (If in Baltimore City, give exact location)  1NJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  22A. To crify that I took charge of the remains described above, held an Insp. & Ing. thereon and from Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes 25, accident , suicide , homicide , undetermined .  23A. SIGNATURE  23B. CHIEF MEDICAL EXAMINER.  23B. CHIEF MEDICAL EXAMINER.  23C. DATE SIGNED NOV. 16, 1950  M.D. MEDICAL INVESTIGATOR  DATE RECEIVED BY LOCAL FRANCE OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)  DATE RECEIVED BY LOCAL REGISTRAR  DATE RECEIVED BY LOCAL REGISTRAR SIGNATURE  25D. FUNERAL DIRECTOR  ADDRESS  DATE RECEIVED BY LOCAL REGISTRAR SIGNATURE  25D. FUNERAL DIRECTOR  ADDRESS		
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  20. AUTOPSY?  YES NO 2  21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.  21b. TIME (Month) (Day) (Year) (Hour)  21c. INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  22f. I certify that I took charge of the remains described above, held an Insp. & Ing. thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes 2, accident , suicide , homicide , undetermined .  23a. SIGNATURE  23a. SIGNATURE  23c. DATE SIGNED  NOV. 16, 1950  DATE RECEIVED BY LOCAL REGISTRAR  REGISTRAR  REGISTRAR SIGNATURE  22b. FUNERAL DIRECTOR  ADDRESS  ADDRESS  ADDRESS		STATE OF THE PARTY
19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  20. AUTOPSY?  YES NO 2  21A. EXTERNAL CAUSE WAS  21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, officebldg., etc.)  21A. EXTERNAL CAUSE WAS  21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, officebldg., etc.)  21C. WHERE DID (If in Baltimore City, give exact location)  INJURY OCCUR?  21D. TIME (Month) (Day) (Year) (Hour)  22D. HUNGTON (Month) (Day) (Year) (Hour)  22D. HUNGTON (Day) (NJURY OCCUR?  22D. HUNGTON (Day) (NJURY OCCUR	TRIBUTING TO THE DEATH, BUT NOT RELATED	· · · · · · · · · · · · · · · · · · ·
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- about home, farm, factory, street, office bldg., etc.)  21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- about home, farm, factory, street, office bldg., etc.)  21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- about home, farm, factory, street, office bldg., etc.)  21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- about home, farm, factory, street, office bldg., etc.)  21A. D. TIME (Month) (Day) (Year) (Hour)		ATION 20. AUTOPSY?
UNDERLYING   OR CONTRIB. about home, farm, factory, street, office bldg, etc.)  INJURY OCCUR?  21b. TIME (Month) (Day) (Year) (Hour)  NJURY  22c. I certify that I took charge of the remains described above, held an Insp. & Ing. thereon and from Autopsy, Inspection or Inquiry  the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes (I), accident   suicide   homicide   undetermined    23a. SIGNATURE  23b. CHIEF MEDICAL EXAMINER	21a. FXTFRNAL CAUSE WAS   21B. PLACE OF INJURY (e.g., in	
NOT WHILE AT WORK  22. I certify that I took charge of the remains described above, held an Insp. & Inq. Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes □, accident □, suicide □, homicide □, undetermined □.  23A. SIGNATURE  23B. CHIEF MEDICAL EXAMINER□ 23C. DATE SIGNED ASSISTANT MEDICAL EXAMINER□ Nov. 16, 1950  M.D. MEDICAL INVESTIGATOR  24A. BURIAL. CREMA- 24B. PATE	UNDERLYING OR CONTRIB.   about home, farm, factory, street, office bldg., e	te.) INJURY OCCUR?
Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes 3, accident 1, suicide 1, homicide 1, undetermined 1.  23A. SIGNATURE  23B. CHIEF MEDICAL EXAMINER	NJURY WHILE AT NOT WHILE	ED 21F. HOW DID INJURY OCCUR?
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes 3, accident 1, suicide 1, homicide 1, undetermined 1.  23A. SIGNATURE  23B. CHIEF MEDICAL EXAMINER	22. I certify that I took charge of the remains described a	bove, held an Insp. & Inq. thereon and from
M.D. ASSISTANT MEDICAL EXAMINER. Nov. 16, 1950  24A. BURIAL CREMA- 110N REMOVAL (Specify)  DATE RECEIVED BY LOCAL REGISTRAR  REGISTRAR  ADDRESS  LOCAL REGISTRAR  ADDRESS  ADD	the evidence obtained by said Autopsy, Inspection or I and death in my opinion_resulted from: natural causes	nquiry, find that said deceased died on the day stated above.
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR	1/19 01 1/2/	ASSISTANT MEDICAL EXAMINER 1 1050 /
LOCAL REGISTRAR   Holland Funeral Home	24A. BURIAL, CREMA- 24B. PATE 24C. NAME OF CEMETE	RY OR CREMATORY 24b. LOCATION (City, town, or county) (State)
LOCAL REGISTRAR   Holland Funeral Home	DATE RECEIVED BY I REGISTRAP SIGNATURE	25 FUNERAL DIRECTOR ADDRESS
VS 151 683 64 0 30 d 1631 D ruid blill A.D.	LOCAL REGISTRAR	Ida land Funcia lHome
	VS 151 683 64 0 30 d	1631 Dorvid Hill A.D.

Dec 31/1912 60 the state beneated to the state of the state bed at 21 tob 12 1 100 00 11 2000 11 N-54-50

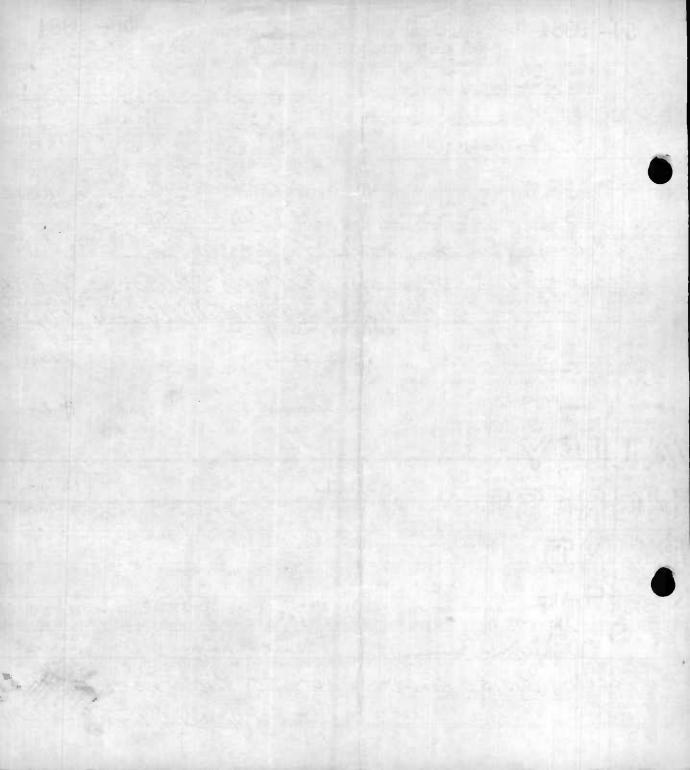
### BALTIMORE CITY HEALTH DEPARTMENT

50- 9884

Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 11-18-50 Rs. Frances WILLIAMS 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) HOWARD B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give INSTITUTION township) 100 O. STREET ADDRESS (If rural, give location) Yrs. Mos. c. bagth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. If Under | Year H linder 24 Hours 8. DATE OF BIRTH AGE (In years AGE (In years | If Under | Year | If Under 24 Hours last birthday) | Months | Days | Hours | Min. WIDOWED, DIVORCED (Specify) married 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work donedusing most of working life, even if fetired) INDUSTRY WHAT COUNT dousewe ome 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO INTERVAL BETWEEN 18. ONSET NO DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) . 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK 11-14-50 19 , to 11-18-50, 19 , that I last saw the 22. I hereby certify that I attended the deceased from\_ deccased alive on 11-18-50 19 .. and that death occurred at 1 A.m., from the causes and on the date stated above 23A. SIGNATURE 23c. DATE SIGNED 23B. ADDRESS 1-18-50 M. D. 24A. BURIAL, CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) puncal DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

Milliasile, 1 5.

VS 150

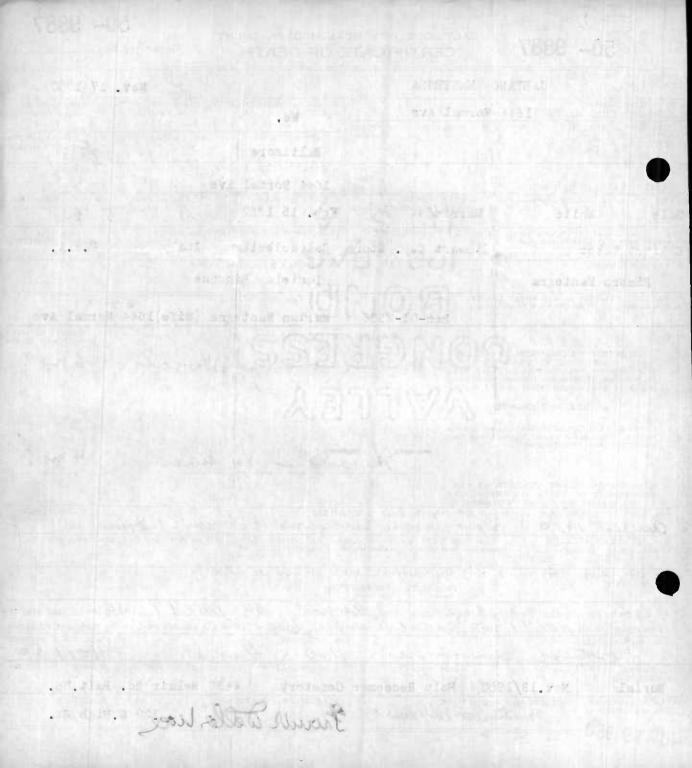


M-532 50- 9887 BALTIMORE CITY HEALTH DEPARTMENT 50- 9887 Registered No\_ CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE Type or Print) GAETANO MANTEGNA OF Nov. 17 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland 1644 Normal Ave B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township Maltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 1644 Normal Ave Days 5. SEX 6. COLOR OF RACE 7 SINGLE MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Hours Min. WIDOWED DIVORCED (Specify) Feb. 15 1887 White Male 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekindof) 10B, KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired)

Cabinet Maker U.S.A. COUNTRY? Stewart Dep. Store Calascibetta Italv 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Daniela Rindone Pietro Mantegna 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO Marian Mantegna (Wife)1644 Normal Ave 215-01-2506 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO 4 nu ? OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION EDICAL Inoperage Essenous & Stomosh i het olom 21c. WHERE DID 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) INJURY OCCUR? p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE , 1900, to Nov 17, 1918, that I last saw the 22. I hereby certify that I attended the deceased from aregues deceased alive on Nov 17, 1950, and that death occurred at 6 m., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23A, SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Nov.13/1950 Holy Redeemer Cemeterv 4430 Belair Rd. Balt.Md. Burial REGISTRAR'S SIGNATURE DATE RECEIVED BY 25. FUNERAL DIRECTOR

LOCAL REGISTRAR

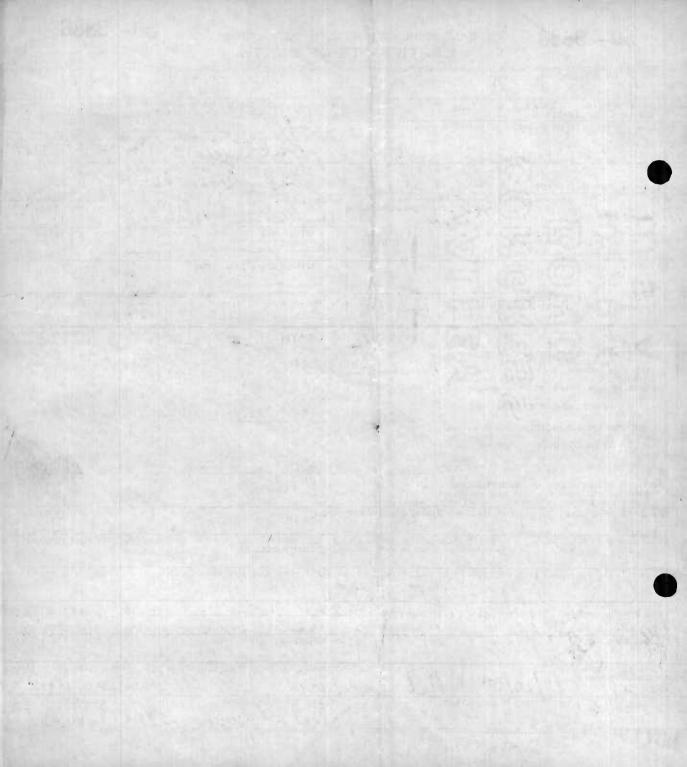
322 S. High St.



50- 9886

BALTIMORE CITY HEALTH DEPARTMENT Registered No ... CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location (If outside corporate limits, write RURAL and give township) INSTITUTION D. STREET ADDRESS (If rural, give location Yrs. Mos. 3 Weedde c. Length of stay in Baltimore Days 6. COLOR OR RACE 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months Days Hours Min. 5. SEX 7. SINGLE, MARRIED, DOWED, DIVORGED (Specify) 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? House despend PILIYATE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT **ADDRESS** SECURITY NO. 31 m INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) HOMICIDE (Specify) INJURY OCCUR? 21F, HOW DID INJURY OCCUR? D. TIME (Month) (Dny) (Year) (Hour) 21E. INJURY OCCURRED INJURY 22. I hereby certify that I attended the deceased from hereby, 1950, to hereby, 1950, that I last saw the 19\_\_\_\_ and that death occurred at\_\_\_\_ m., from the causes and on the date stated above. deceased alive on\_ 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED North une M. D. BURIAL, CREMA-240 NAME OF CENETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) 24B. DATE REMOVAL (Specify) ADDRESS S. FUNERAL DIRECTOR ATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR

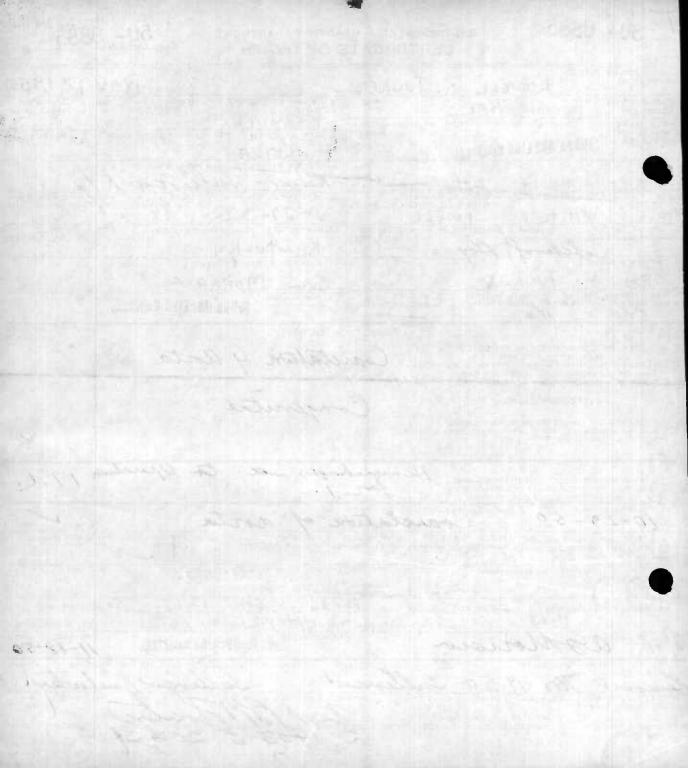
Thurtegion Miliante 1.



### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50-9885 Registered No.

Type of Print) LOWELL R. TUCKER	2. DATE NOV 18 1950
PLACE OF DEATH: Baltimore City, Maryland HAL 5.	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	KENTUCKY /-/
NSTITUTION LOUIS MOPELIES MOSPITAL	c. CITY OR TOWN If outside corporate limits, write RURAL and give township)
Yrs.	D. STREET ADDRESS (A rural, give location)
. Length of stay in Baltimore 24 Mos. Days	Rural- Sullivan Kts
MALE WhitE SINGLE MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  1-27-32  9. AGE (In years II Under 24 Hours Min. Months: Days Hours Min.
OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)    12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
13ASIL L. JUCKER	Eva Morgan
5. WAS DECEASED EVER IN U, S. ARMED FORCES?  co, no or unknown) (If you, give war pordates of service) SECURITY NO.	17. INFORMANT HILLS HOSPITAL
18. 7 - 4 5. CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	ictation of Aorta
ANTECEDENT CAUSES	ongenital.
DISEASES OF CONDITIONS IT WAS A SHOWN OF THE PROPERTY OF THE P	ongenital
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CON. Henry	lage, Sec. to Operation 17d.
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ation 20. AUTOPSY7
21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING about home, form, factory, street, office bidg., e	
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRING	ED 21F, HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK	
I hereby certify that I attended the deceased from	0-26, 1950, to 11-18, 1950, that I last saw the
deceased alive on 11-18, 1950, and that death occur	
23A. SIGNATURE MOUROW M. D.	23c. DATE SIGNED //-/8-50
24A. BURIAL, CREMA- 10N REMOVAL (Specify)	RY OR CREMATORY 240 LOCATION (City, town, or county) (State)
Cemoral Mov-19-50 Julious	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
10V 1 9 1950   Thurthy or 1 this was 1 a. 1	Out Motoulon
vs iso	1403-6. 254 5
	10/2

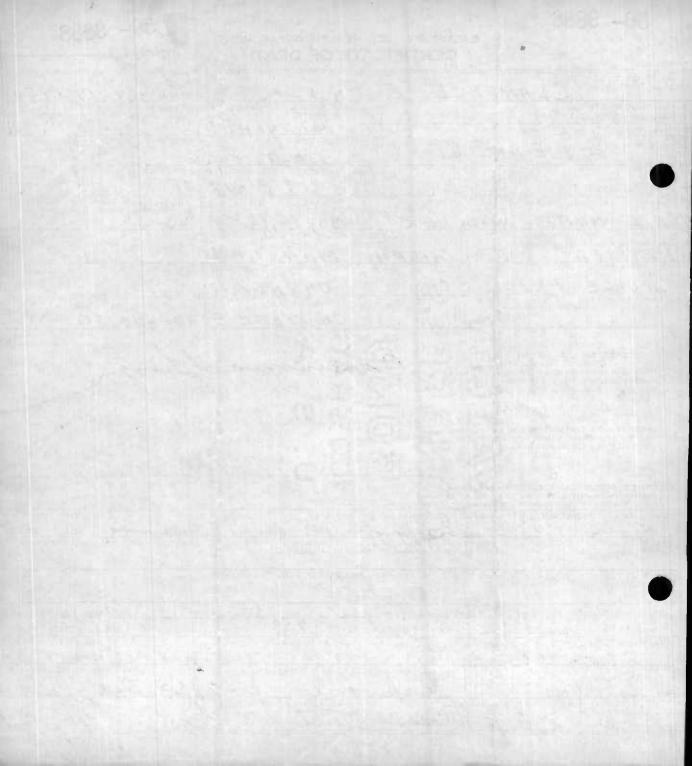


50- 9888 F-620	
NAME OF DECEASED	

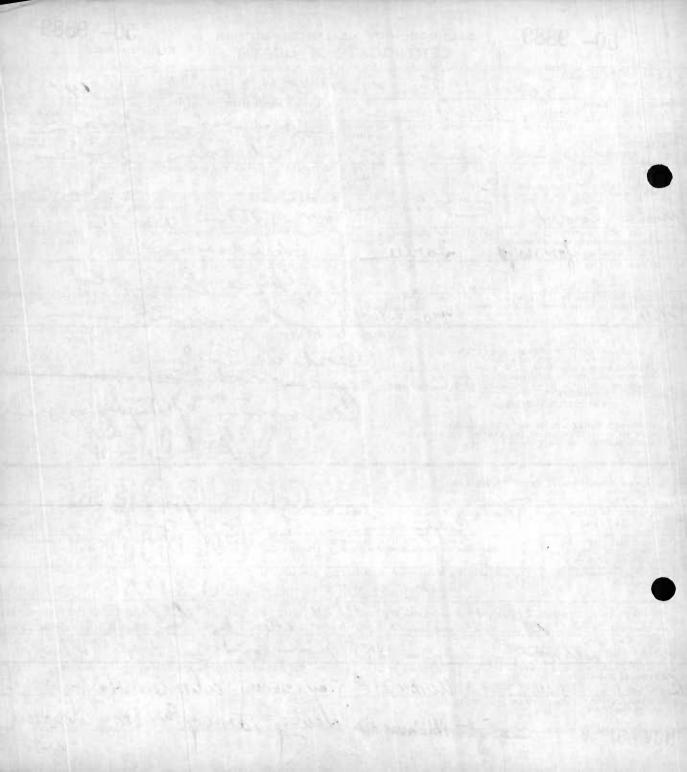
BALTIMORE CITY HEALTH DEPARTMENT Registered No\_ CERTIFICATE OF DEATH 2. DATE (Type or Print) CLARENCE POCK DEATH NOV 17 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or MARYLAND B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION E-41 ST township) BALTIMORE Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Davs 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years last birthday) If Under 1 Year Months: Days Hours: Min. WIDOWER. 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BRTHPLACE (State or foreign country) 12. CITIZEN OF ork dome during most of working life, even if retired) WHAT COUNTRY ETIRED ELECTRICAN -MARVLAND 13. FATHER'S NAME B. LIBRARY. GEORGE FROCK UNKHOWH 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) Yes, no or unknown) SECURITY NO. CHARLOTTE E. KUEHNE-8/7E4 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST, DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A DATE OF OPERATION / 20. AUTOPSY 21B. PLAGE OF NJURY (e. g., in or about bome, farm, factory, street, office bldg., etc.) i rech - showed Carcinoma eles 21A. ACCIDENT, SUICIDE, 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY NOT WHILE AT WORK 1950 to Hov, 17, 1957 that I last saw the 22. I hereby certify that I attended the deceased from deceased alive on for /6 1950 and that death occurred at 7 m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED

24B. DATE 24c. NAME OF CEMETERY OR BURIAL. CREMA-ON REMOVAL (Specify) 200 20

ADORESS RECEIVED BY REGISTRARYS SIGNATURE 25. FUNERAL DIRECTOR OCAL REGISTRAR



T- 435 50-9889 BALTIMORE CITY HE	
BIRTH NO. CERTIFICAT	E OF DEATH Registered No.
1. NAME OF DECEASED George FRANKLin	V 11/100 2. DATE OF DEATH 11/19/00
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or	A. USUAL RESIDENCE (Where deceased lived. If institution : residence before admission before admission
HOSPITAL OR iocation)	C. CITY OR TOWN (If outside corporate limits, write RURAL and giv
maryland Gen. Hosp.	aberden med township
c. Length of stay in Baltimore	D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR BACE 7. SINGLE MARRIED. (WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (in years if Under I Year if Under 24 Hours last birthday) Months: Days Hours: Min
more thous	nor. 25,1876 73 11
10A. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OR Fork done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
selves formulas form	aberden
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15 WAS DECEASED EVEN IN A ADMIN PORCES. LAG COCIAL	Jane Kenggra
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INPORMANT
18. / 50 X , CAUSE	OF BEATH INTERVAL BETWEE
DISEASE OR CONDITION DIRECTLY	alice Fall o
(This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease,	The tree of the
injury or complication which caused death.) DUE TO	2
ANTECEDENT CAUSES	a series of allender 2.
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	RATION   20. AUTOPSY?
11/14/ Carani	YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bidg., at the factory at the fac	
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	ED 21F, HOW DID INJURY OCCUR?
INJURY  WHILE AT NOT WHILE  MORK AT WORK	
22. I hereby certify that I attended the deceased from 11	14/ , 19 , to 19 1, 1950, that I last saw th
deceased alive on 11 /19 , 1950 and that death occide	rred at 6 55 m., from the causes and, on the date stated abov
	mongland for Horp 23c. DATE SIGNET
24A. BURIAL CREMA: 24B. DATE 24C. NAME OF CEMETE 100 REMOVAL (Specify)	
TION, REMOVAL (Specify) TIME TO 160 LILLIAN THE	Tion consten aller Leen Harbordes we
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR	Herring My Sous aberdeen
NOW 158 1950 Linke for Milliams, M. S.	
8201	0 46 0- 100.

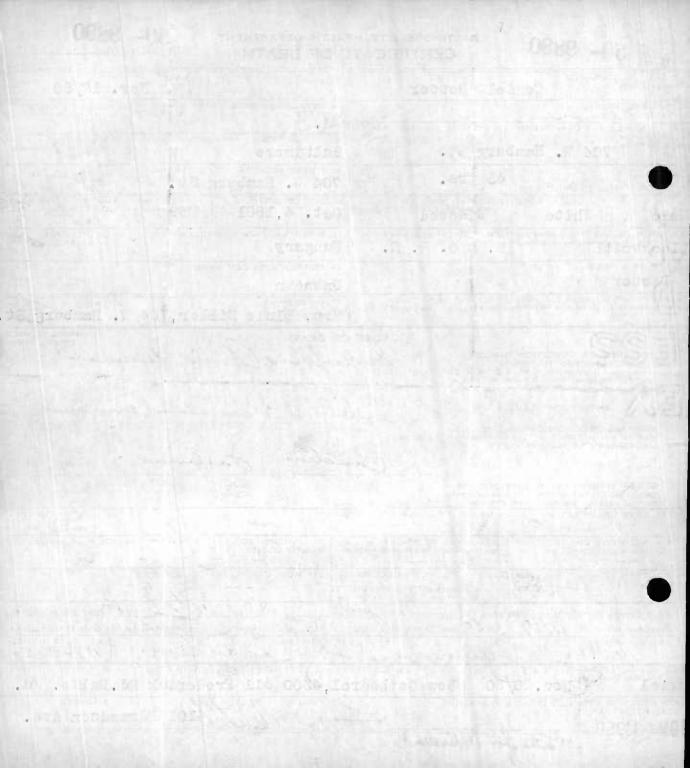


り	- 6	26	9890	
BIRTH	NO.	30-	3000	

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50- 9890 Registered No.

NAME OF D ype or Print)		endel 1	Besser				2. DATE OF OEATH	Tov. 17/	50
	ity, Maryland				4. USUAL R	ESIDENCE (W	Where deceased li B. COUN		n : residence efore admission
OSPITAL OR	OF (If not in h			eet address or location)	c. CITY OR T		outside corporat	e limits, write F	URAL and giv
10	704 W. H	amourg	Ş Ü •		Balt ime			20/100	Cownstill
	tay in Baltimo		rs.	Yrs. Mos. Days	704 W.	Hamburg	rural, give locati 3 St.	ion)	
ale	White	ACE 7. SING	e. MARRIE	D. RCED (Specify)	00t. 4		9. AGE (In ye	ars if Under I Year y) Months Day	if Under 24 Hours ys Hours Min
A. USUAL OCO Lacksmi	CUPATION (Give) tracking life, even if re	tired) B. &	O. R.	NESS OR INDUSTRY	Hungar	ACE (State or fo	oreign country)		IZEN OF AT COUNTRY
. FATHER'S N	AME				14. MOTHER	S MAIDEN NA	AME		
Besser					Unknown	n			
. WAS DECEASE	D EVER IN U.S. A (If yes, give war o		16. SOCI	JRITY NO.	Mrs. E		ller,704	ADDRESS W. Han	
heart failu injury or  DISEASE: RISE TO T UNDERLY  OTHER S TRIBUTING	LEADING TO not mean the mre, asthenia, etc. I complication wh ANTECEDENT (SOR CONDITION HE ABOVE CAUSE ING CONDITION	ode of dying, e t means the diser ich caused dea  CAUSES  NS. IF ANY, GIV (A) STATING N LAST.  ONDITIONS CO	ing Due (B)	Celeto Card	Rough	Variable Da	ulan (	and 2.	en S
TO THE D	F OPERATION	ITION CAUSING	1T	S OF OPER	ATION			20	. AUTOPSY?
								YE	
21A. ACCIDE HOMICIDE	NT. SUICIDĘ, (Specify)			JURY (e. g., in treet, office bldg., c			If in Baltimore	City, give exac	t location)
210 TIME (	Month) (Day) (	Year) (Hour)	21E. INJUI	RY OCCURRI	21F. HOW	V DID INJURY	Y OCCUR?		
22. I hereb	y certify that,			from from death occur	red at	19, to	he causes and	$19 \frac{\checkmark}{}$ , that .	
23A. SIGNAT	elle \	Jan	earl		3B. AOORESS	acles	· leve	23c.	18/50
4A. BURIAL, CON REMOVAL (S	REMA. 24B. DA	20/50					ocation (City ederick		
ATE RECEIVE	RAR	RAR'S SIGNAT		0 1	25. FUNERAL	DIRECTOR	4101 E	ADDRE	
0V 1 9 195 vs 150	time!	trator No	Mane,	MJ 50		- Lugi		093	d



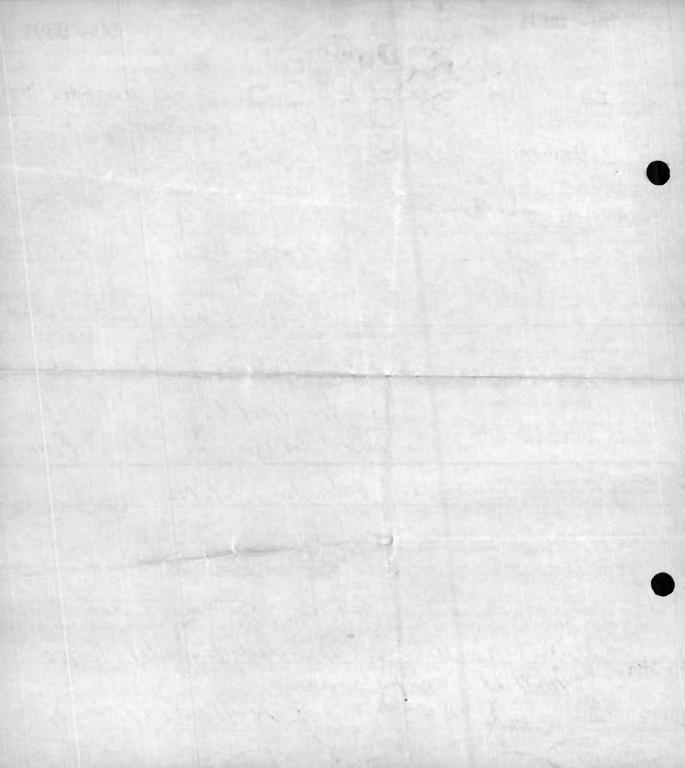
#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50- 9891

Registered No. 1. NAME OF DECEASED (Type or Print) 2. DATE IDA NOVEMBER 15, 450 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or (If outside corporate limits, write RURAL and give HOSPITAL OR location) C. CITY OR TOWN INSTITUTION UNIVERSITY HOSPITAL nd Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) (ast birthday) Months Days Hours Min. 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF ork doneduring most of working life, even if retired) INDUSTRY WHAT COUNTR' BILLELLY, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT Yes, no or unknown) (If yee, give war or dates of service) SECURITY NO 023X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY acute Pulmonary Edema LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES Luctic Aortitis DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE Mitral insufficiency UNDERLYING CONDITION LAST. П OTHER SIGNIFICANT CONDITIONS CONricular Dilatation TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF 218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY 19 60 to Nov. 15 , 1950 that I last saw the 22. I hereby certify that I attended the deceased from nor. 15 deceased alive on Nov. 15, 1950, and that death occurred at 9 7 m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR

VS 150

ADDRESS



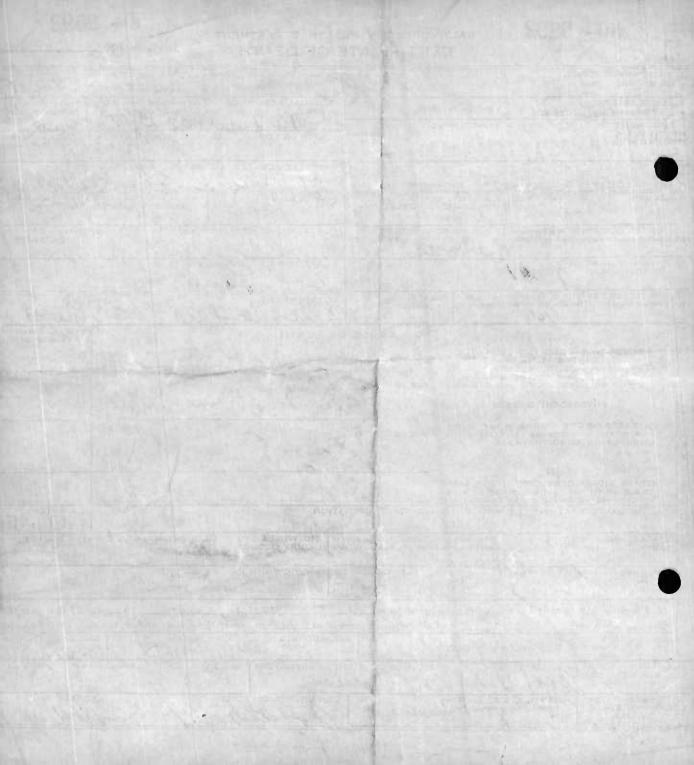
BALTIMORE CITY HEALTH DEPARTMENT Registered No ... CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH/ 3. PLACE OF DEATH: (Where deccased lived, If institution; residence 4. USUAL RESIDENCE A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township! Vre. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) If Under 1 Year If Under 24 Hours last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) markees 10A, USUAL OCCUPATION (Givekind of 108 KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS, (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL CAUSE OF DEATH 40,1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO marke-ulses ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO CERTIFICA (C) ..... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19a. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY MEDICAL YES 21A. ACCIDENT, SUICIDE. 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY NOT WHILE AT WORK /ov. 18 1950, to. , 19\_\_\_, that I last saw the 22. I hereby certify that I attended the deceased from. , and that death occurred at 1,30 P.m., from the causes and on the date stated above. deccased alive on. 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA- 24B. 24c, NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)

LOCAL REGISTRAR VS 150

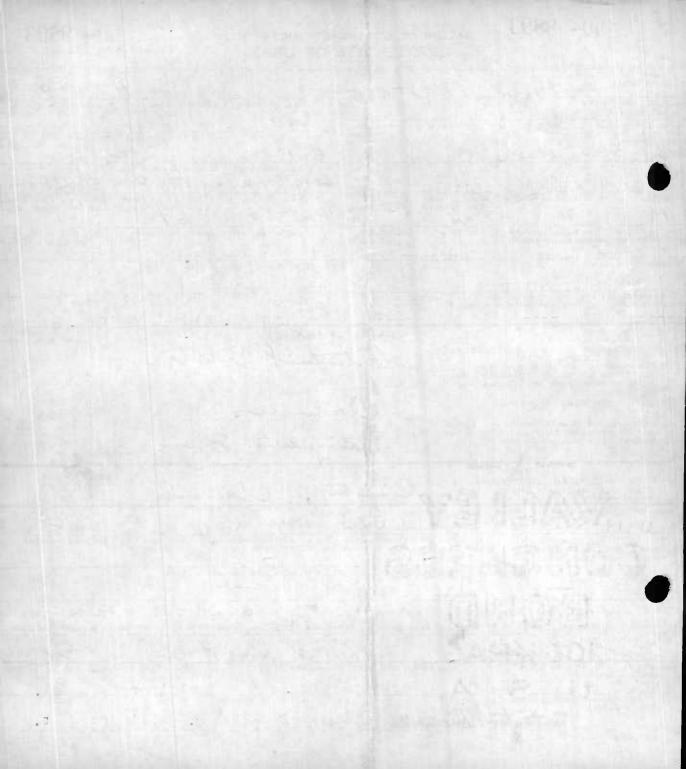
DATE RECEIVED BY

25. FUNERAL DIRECTO

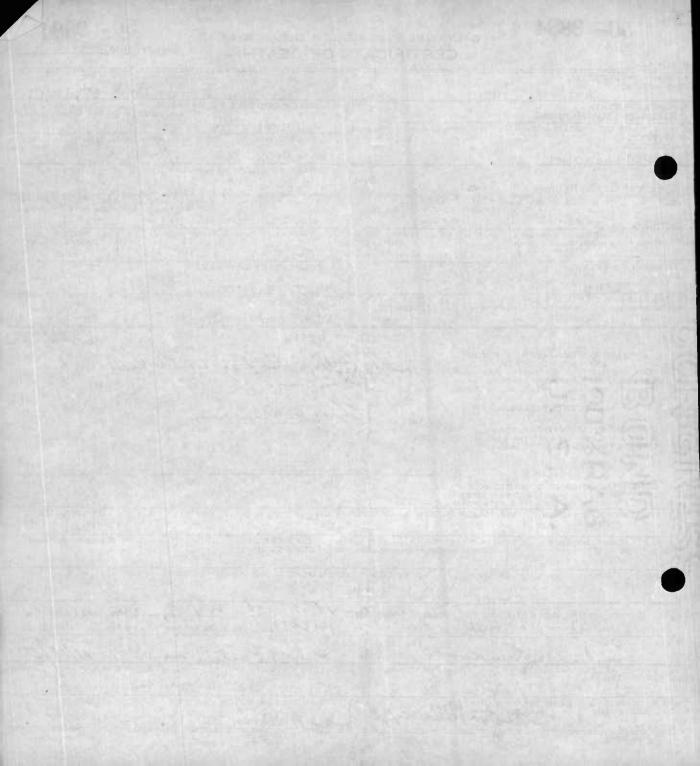
ADDRESS



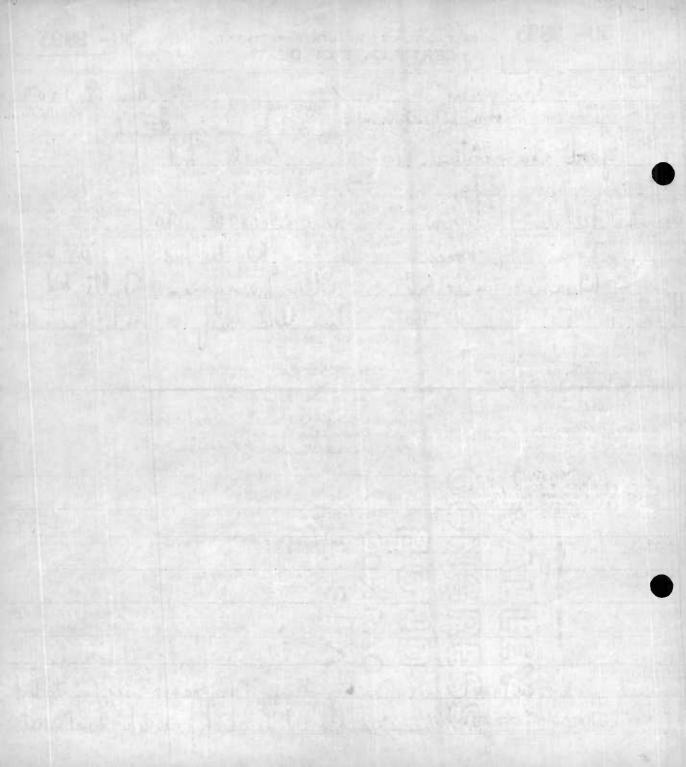
35			and a single	11-12			
637	50- 9893		TRAUT	NER.		"	
	JU- JUJU	BAL	TIMORE CITY HE	EALTH DEPARTMENT	г	50-	9893
			CERTIFICAT	E OF DEATH	Registe	ered No	
BIRTH NO.	FCEACED						
1. NAME OF D (Type or Print)		7	- L		2. DATE OF	11-17-	-50
3. PLACE OF D		/	Rautner	A HELIAL BECIDENCE	DEATH		
A. Baltimore (	City, Maryland			4. USUAL RESIDENCE	B. COUN	ved. If institut TY	tion : residence before admission)
B. FULL NAME HOSPITAL OR	OF (If not in hospit	al or institut	ion, give street address or	Md.			
INSTITUTION	, /		location)	0 11	If outside corporat	e limits, write	RURAL and give
Ma. 0	en. Hos	0.		Quito	0.	-00	S command)
46			Yrs. Mos.	1 1	f rural, give locati	~	
	tay in Baltimore	Lif	Days	2010 c. hafu	y elle 4	ve #	15
5. SEX	6. COLOR OR RACE	7. SINGLE WIDOW	E, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In ye	ars H Under 1 Y	ear if Under 24 Hours Days Hours Min.
14	W	W		4-24-83	67	y) Months D	ays Hours min.
10A. USUAL OC ork done during most of	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)		ITIZEN OF
4	relegener	Car	INDOSTRI	Da7 1.5	3.5 7	W	HAT COUNTRY
13. FATHER'S N	IAME		CORPORT (12)	14. MOTHER'S MAIDEN	NAME		
Joh	n Trautne	2					
15. WAS DECEASE	D EVER IN II S ARMEI	FORCES!	16. SOCIAL	Kose Roesler	7		
Yes, no or unknown)	(If yes, give war or date	s of service)	SECURITY NO.			ADDRES	S
1.0 -1			100 100 100 100 100	Mrs Anna I.	Sippel		. sfavet
18.	1. 1		CAUSE	OF DEATH			TERVAL BETWEEN ISET AND DEATH
DISEAS	E OR CONDITION LEADING TO DEAT		0 0	D CO.	Pata.		
(This does	not mean the mode of	f dving, e.g	(A) OW	celled C	~~ ·		
injury or	re, asthenia, etc. It mea complication which c	aused death	DUE TO				
	ANTECEDENT CAUS	FS					
			(8)	alvulus			
DISEASES	OR CONDITIONS, II	ANY, GIVIN	G CUE TO		- <i>D</i>		************************
UNDERLY	ING CONDITION LA	ST.	E DUE TO	ame alelast	Lein		
2			(c)				
	- 11						
OTHER S	IGNIFICANT CONDI	TIONS CON	0.18	- ().			
TO THE DI	SEASE OR CONDITION	CAUSING IT	personer	a, one	nud		
19A. DATE O	F OPERATION 3	9B. MAJOR	FINDINGS OF OPER	ATION /A		2	O. AUTOPSY?
11-19	-20	24	inigilali	manag.			ES NO
LYING OR CAUSE OF	ENT WAS UNDER. CONTRIBUTING		CE OF INJURY (e. g., iz arm, factory, eweet, office bldg., e		(If in Baltimore	City, give exa	ict location)
	Month) (Day) (Year)	(Hour)   2	TE. INJURY OCCURRE	D 21F. HOW DID INJUF	RY OCCUR?		
MJURY	_		HILE AT NOT WHILE				
00 11 1		m.	WORK AT WORK L	_ /		_	
	certify that I att	ended the	deceased from 11	red at 55, 1950 to m., from	11 - 17	19 = , that	I last saw the
23A, SIGNAT	ive on 11 - 17	, 19 0 0	and that death occur	red atl m., from	the causes and	on the date	e stated above.
1111	( ) en d	u	/	36 ADDRESS	Hern	23c.	DATE SIGNED
4A. BURIAL O	REMA- 248. DATE		M. D. CAC. NAME OF CEMETER	PY OF CREMATORY   345	LOCATION (City,	town or cour	
AA. BURIAL, Q	pecify)	7/50					nty) (State)
Burial	11/2	1/50	Parkwood	Cem.	Pal timo		Md.
OCAL RECEIVED	AR REGISTRAR	SIGNATU	RE	25 FUNERAL DIRECTOR		ADDR	ESS
101 5013	The start	500 //W	aus Mão	Jun A Moray 3000	E. Balt:	imore	St.
VS 150				HED			
	A Filter	(1) A K K K K K K K K K K K K K K K K K K	CO K	A NON.		122	- 4
			2700,			124	



CITY HEALTH DEPARTMENT Registered No ... CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Ann J. Honan DEATH NOV. 17.1950 S. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution ; residence A STATE B. COUNTY before admission) A. Baltimore City, Maryland Marvlandr B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) 2511 Ral timore Eastern Ave. D. STREET ADDRESS (If rural, give location) Yrs. Mos OATE OF BIRTH 9. AGE (In years II Under I Year last birthday) Months Days Hours Min. c. Length of stay in Baltimore Dave 7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH White 1876 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housework Ireland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Honan Lyons Marv 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yee, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Miss Annie Honan Eastern Av none NTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY teris Condis - Varanter-Rend LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) France anewir ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) INJURY OCCUR? about home, farm, factory, street, office bidg., etc.) D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT AT WORK WORK 22. I hereby certify that I attended the deceased from lor 10, 1950, to love. 7, , 1950, that I last saw the deceased aline on how. 16 1950 and that death occurred at Bam, from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 24c. NAME of CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) / 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial lew Cathedral 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY LOCAL REGISTRAR Moray 3000 E. Baltimore VS 15000



350	
CERTIFICATE OF DEATH Registered N	9895
I. NAME OF DECEASED   2. DATE	
Type or Print)  DEATH W.  PLACE OF DEATH:  PLACE OF DEATH:	18, 1900
Baltimore City, Maryland & h Carey A. STATE 1 B. COUNTY +	before admission)
OSPITAL OR NSTITUTION (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits	, write RURAL and give
your Jamarella Oral Balto med	8-0 2 township
Yrs. Mos. Days D. STREET ADDRESS (If rural, give location)	
Temple White Whole Orocced (Specify) Cury 29, 1875 last hirthday) Mor	Under I Year If Under 24 Hours this Days Hours Min.
OA. USUAL OCCUPATION (Give kind of rk done during most of while life, even if retired)  NONE  OBJUSTRY  11. BIFTHPLACE (State or foreign country)  NONE  OBJUSTRY	12. CITIZEN OF
Jewne Buske Balts Ind Clur herryman Ba	lt md
WAS DECEASED EVER IN U. S. ARMED FORCES? In DO Dr. URKNOWN) (If yes, give war or dates of service)  16. SOCIAL SECURITY NO.	Chester 8t
18. 4 20.1 CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES  ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING (B) hypertensing cardio voscular	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO CLEAN DUE TO CONTROL DE CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20, AUTOPSY?
21A. ACCIDENT, SUICIDE.   21B. PLACE OF INJURY (e.g., in or   21c. WHERE DID (If in Baltimore City, g	ive exact location)
HOMICIDE (Specify) about boms, farm, factory, street, office bldg., etc.) INJURY OCCUR?	
TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?	
m. WORK AT WORK	^ -
22. I hereby certify that I attended the deceased from 3/Oct, 1950, to 18 Nov, 1950 deceased alive on 7 Nov., 1950 and that death occurred at 1 Am., from the causes and on the	that I last saw the
SIGNATURE / 1 / 238. ADDRESS	23c. DATE SIGNED
44. BURIAL CREMA- 24B. DATE 24d. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City) Jun,	or county) (State)
Burial hard, 21, 1950 Illestern Cemeters Campagna Circ	Boltomi
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR	ADDRESS
1 1600 b	healer St
Vs 150	3 2



Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE NSHAIN (Type or Print) 11-19-50 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COONTY A before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN township) Reisterstown D. STREET ADDRESS (If rural, give location) Yrs. Mos. gth of stay in Baltimore Days 6. COLOR OR RACE | 7. SINGLE, MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years II Under | Year | If Under 24 Hours last birthday) Months; Days Hours: Min. WIDOWED, DIVORCED (Specify) June 10, 1892 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTR Carpenter self-employed Orange Co. Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Benjamin F. Reynolds Alice M. Gregory 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. No Alfred Stephens, 3511 Abbie Place. 3-10-9586 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY 1-16 21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (e. g., in or (If A Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE , 1910, to\_ 22. I hereby certify that I attended the deceased from 11-16 11-19, 19 J that I last saw the deceased alive on 11-17, 19 ) 6, and that death occurred at \_m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED aues 24c. NAME OF CEMETERY OR CREMATORY 25. FUNERAL DIRECTOR ADDRESS VED BY VS 150 123

What was underlying and Directicula transserve and autopsy Findings :diffuse plastic adherent descending colon; hexatigation, both low peritondis!, red lobes of lungo; hyperspeaders.

1623<sub>50-9897</sub>

VS 150

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50- 9897

В	IRTH NO.			CERTIFICAT	E OF DE	ATH	Regist	ered No.		
(7	NAME OF D	Rachel	Ber	cowit			2. DATE OF DEATH	11-1	6-5	0
	Baltimore C	EATH: City, Maryland		9	4. USUAL RE	SIDENCE (W				sidence admission
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospi	for instituti	on, give street address of location	c. CITY OR T	yland oyn (If	outside corpora	ate limits, w	rite RURA	
c.	ength of st	tay in Baltimore	604	アS. Yrs. Mos. Days	0. STREET AL	Plus	Tural, give loca	tion)	000	e
5.	emalo	6. COLOR OR RACE		MARRIED, ED DIVORCED (Specify	8. DATE OF E	1870	9. AGE (In y last hirthd	ears It Unde	Days Ho	Under 24 Hours ours Min
1 C	A. USUAL OCA	CUPATION (Give kind of working life, even if retired	OUSA	OF BUSINESS OR INDUSTRY	11. BIRTUPLA	CE (State or fo	reign country)	12.	CITIZEN	OF
13	hoah	adell	leed		14. MOTHER'S	MAIDEN NA	ME			
Ye Ye	, no or nnknown)	D EVER IN U. S. ARME (If yes, give war or dat	D FOROES?	16, SOCIAL SECURITY NO.	17. INFORMA	NT Berco	witz-3	711 W.		thra
RIFICATION	(This does heart failur injury or DISEASES RISE TO TUNDERLY	EE OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It me complication which ANTECEDENT CAU SOR CONDITIONS, HE ABOVE CAUSE (A) VING CONDITION L  II IGNIFICANT COND	TH conditions of dying, e. gans the disease caused death.  SES  IF ANY, GIVIN STATING THE AST.	(B) Rese	of DEATH	rail	ne		ONSET A	NO DEAT
CF	TO THE O	TO THE DEATH, BUT ISEASE OR CONDITION F OPERATION	N CAUSING I		RATION	***************************************	****************	***************************************	20. AU	TOPSY?
AL		7							YES X	_
MEDIC	210. TIME (	NT. SUICIDE. (Specify)  Month) (Day) (Year	about home, fe	CE OF INJURY (e. g., srm, factory, street, office bldg., 21E. INJURY OCCURE NOT WHILE AT WORK	etc.) INJURY O	CCUR?				
		ive on 11-18	tended the	deceased from <b>S</b> a and that death occu		Qm from th		$\frac{19}{4}$ on the o		
	23A. SIGNAT		nlei		Sinai	Hoep	tal		3c. DATE	
	Burral (S)		150 3	Baltinae	II a cem	cty 130	etimo	y, town, or c	nol.	(State)
	ATE RECEIVED		Sec. 9	RE	25. FUNEROL	DIRECTOR	B	AE	DRESS	Mest

4. E. Too to Mighabard.

109.0

The recovery COLUMN THE RESIDENCE OF THE SECOND SE

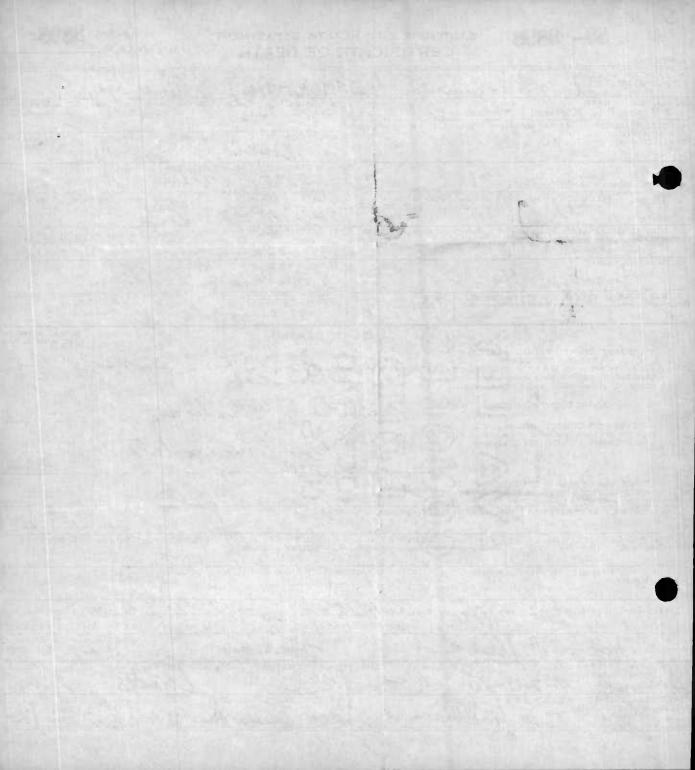
563		
0000	TY HEALTH DEPARTMENT  CATE OF DEATH  Registered No	9898
BIRTH NO.	CATE OF DEATH	
1. NAME OF DECEASED (Type or Print) Leah Y - Samurolla	(SAMOROZIN) 2. DATE OF DEATH 12/19/	(5) ·
3. PLACE OF DEATH: A. Baltimore City, Maryland Tuerq	4. USUAL RESIDENCE (Where deceased lived, If inc. A. STATE B. COUNTY	stitution : residence before admission
B. FULL NAME OF (If pot in hospital or institution, give street add HOSPITAL OR INSTITUTION	c. CITY OR TOWN (If outside corporate limits,	write RURAL and giv
4.1	Bacu - 21-1	6
c. Seth of stay in Baltimore 26	Yrs. D. STREET ADDRESS (If rural, give location) Mos. Days  2554 W-W-F	ing Lane
6. COLOR OR RACE 7. SINGLE MARRIED. WIDOWED, DIVORCED		der Mear If Under 2 Hours hs Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work in grant fretired) work done during most of working life your life tired)	OR USTRY 11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	4
15. WAS DEVEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17, INFORMANT	PRESS
(Yes, no or anhanown) (If yes, give war or dates of service) SECURITY	No. Daughter to	an
18. 581.0 . CA	USE OF DEATH	INTERVAL BETWEE
DISEASE OR CONDITION DIRECTLY	Inonary edema	ONSET AND DEATH
(This does not mean the mode of dying, e.g., (A)	Hemsterness from exph	Laver.
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	voucouties	
ANTECEDENT CAUSES	R Barrelens	125 12 10 10
O DISEASES OR CONDITIONS, IF ANY, GIVING	is every writing	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	20100 10	-
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	g bot. D Common lele	12
(6)	dist	
OTHER SIGNIFICANT CONDITIONS CON-		
194 DATE OF OPERATION   198 MAJOR FINDINGS OF	OPERATION	20. AUTOPSY?
		YES NO
21A. ACCIDENT. SUICIDE. HOMICIDE (Specify)  21B. PLACE OF INJURY obout bome, farm, factory, street, offi		e exact location)
21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OC	CCURRED 21F. HOW DID INJURY OCCUR?	
WHILE AT NO	OT WHILE	
22. I hereby certify that Lattended the deceased from		that I last saw th
deceased alive on and that death		
23A. SIGNATURE	mores	23c. DATE SIGNED
24A BURIAL, CREMA- 24B, DATE 24C, NAME OF CI	EMETERY OR CREMATORY 240. LOCATION (City, town, or	county) (State)
TION REMOVAL (Sprify) 11-20-50 ROL	edale / Halts	pud
DATE RECEIVED BY   REGISTRAR'S SIGNATURE	35. FUNERAL DIRECTOR	ODRESS PA
1000 REGISTRAR Tutuston Williams, Mes	yall Lewis De 21006	entano /

THE PROPERTY OF

7.41

VS 150

1241



50- 9899

BIRTH NO

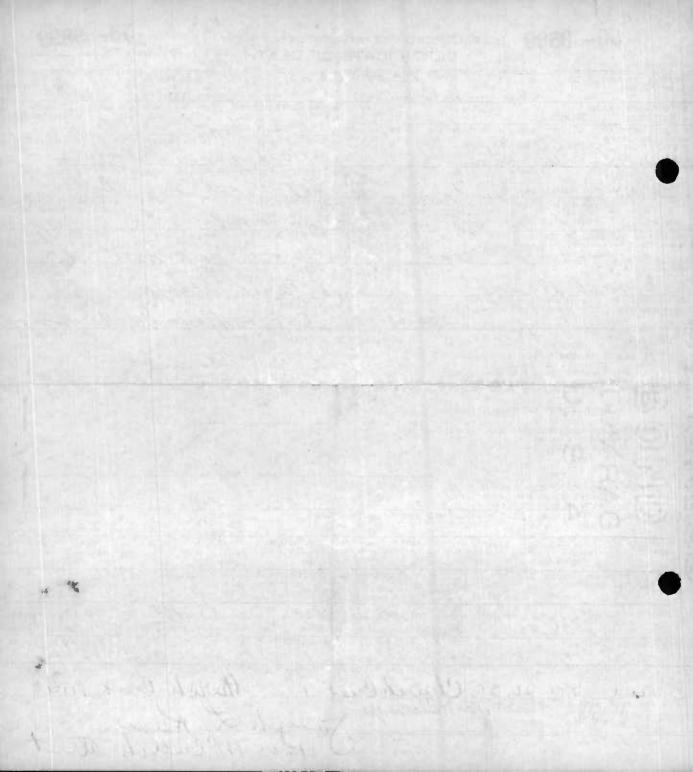
1. NAME OF DECEASED (Type or Print)

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Lottman

Registered No.

. NAME OF DECEASED	nan   2. DATE	^
Type or Print) Lawton a Banks	DEATH 17 /	0 V 50
s. PLACE OF DEATH: a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If inst	itution: residence before admission)
. FULL NAME OF (If not in hospital or institution, give street address or		
HOSPITAL OR Good Sampulan Hoy location)	c. CITY OR TOWN (If outside corporate limits, w	
27 M Carey St	Baltimore 100	township)
Yrs.	D. STREET ADDRESS (If rural, give location)	
Length of stay in Baltimore 7	819 Month Gay St.	
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under last birthday) Months	r l Year   H Under 24 Hours s: Days   Hours   Min.
make colored separated	May 20, 1916 33 24	
OA. USUAL OCCUPATION (Give kind of rk done during most of working life, even if retired)  INDUSTRY		CITIZEN OF WHAT COUNTRY?
Laborer RORE general	Church Creek md	0,5
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
EUgene Bangs	Vanie Stanley	
5. WAS DEOÉASED EVER IN U. S. ARMED FORCES? 68, no or unknown) (If yes, give war or dates of zervice) SECURITY NO.	17. INFORMANT ADDI	RESS
220-03-866	ESTEN Balond 8.	19 M. Gay 51
18. 194 X . CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	0 00 .0	ONOE! AND BEATH
(This does not mean the mode of dying, e.g., (A)	mome of thyrond	
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	$\Lambda = 0$	
	0	
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		
UNDERLYING CONDITION LAST.		
(C)		
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED		
TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OPE	PATION	20. AUTOPSY?
194. DATE OF OPERATION	(A) ION	YES NO
21A. ACCIDENT, SUICIDE,   21B. PLACE OF INJURY (e.g.,	in or   21c. WHERE DID (If in Baltimore City, give	
HOMICIDE (Specify) about home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?	
P. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?	
INJURY WHILE AT NOT WHILE		
m.   WORK   AT WORK	6 Nov, 1950, to 17 Nov, 1950, t	Lud I lund own 41 a
deceased alive on 16 Nov., 1950, and that death occu	med at 2 A m from the causes and on the	late stated above
	238. ADDRESS , 1 ( ) 2	3C DATE SIGNED
Cmil A. Henning Ho.	601 Wenous Was.	18 100 50
24A. BURIAL, CREMA- 24B. DATE 24C NAME OF CEMETE	ERY OR CREMATORY 240., LOCATION (City, Jown, or	county) (State)
Burial nov 20, 50, Church Cre	ex 1 awich creek	md
DATE RECEIVED PAR REGISTRAP - IGN TUFF	25. FUNERAL DIRECTOR	DDRESS
10/201930	Trisensh X. Kuns	0550
VS 150	10000	10 7
97099	1200 Miculon	eller



-53号 9900

### BALTIMORE CITY HEALTH DEPARTMENT

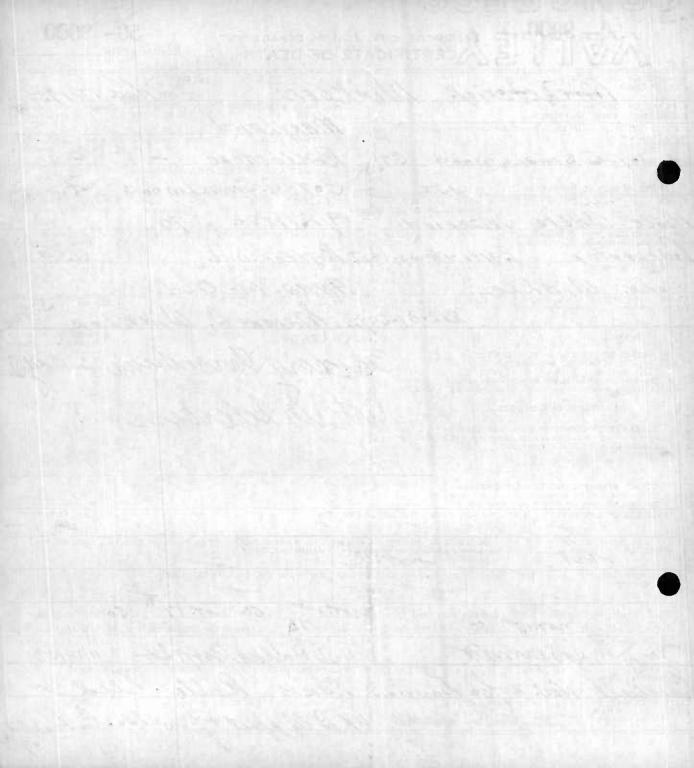
50- 9900

8	IRTH NO.		CE	RTIFICATE	E OF DEATH	Registered No	)
1.	NAME OF D	DECEASED		. /		2. DATE	
	Type or Print)	M-FREO	ERICK	Minn	PLER	DEATH NOW	17-1950
	Baltimore (	City, Maryland	. Hadrid		4. USUAL RESIDEN	CE (Where deceased lived, If in	stitution : residence before admission)
3.	FULL NAME		tal or institution, gi	ive street address or	MARVLAI	rd	
1	SPITAL OR		10 11 2	location)	C. CITY OR TOWN	(If outside corporate limits,	write RUDAL and give township)
-	2007.	J. Smal	Laond			ore 20-	03
				Yrs. Mos.	D. STREET ADDRESS		-0
	SEX	tay in Baltimore	7. SINGLE, MA	Days Days	8. DATE OF BIRTH	Makkee ood	nder 1 Year   If Under 24 Hours
	Maria	1.16:4	WIDOWED, D	DIVORCED (Specify)	9/1/100	last birthday) Mon	the Days Hours Min.
C	A. USUAL OC	CUPATION (Give kind of	108 KIND OF	BUSINESS OR	1. BIRTHPLACE (State	te or foreign country)   1	2. CITIZEN OF
49		of working life, even if retired	0	INDUSTRY	P		WHAT COUNTRY?
	ACCEA		1301/10-1V	IS PAPER	14. MOTHER'S MAID	EN NAME	and.
0	Jaha	Wint	100	BLD4.	Dura M	01-1	
153	. WAS DECEASI	ED EVER IN U. S. ARME	D FORCES?   16.	SOCIAL	17. INFORMANT	- UNA.	DRESS . C
е	s, no or unknown)	(If yes, give war or date		SECURITY NO.	Mario	1 Wind	1 and In
	18. 117	0 /			OF DEATH	G. WINK	INTERVAL BETWEEN
		SE OR CONDITION	DIRECTLY	OAOSE (	J. DEATH	1 .	ONSET AND DEATH
		LEADING TO DEAs not mean the mode	TH	(a) Con	march	vrombour.	2 days)
	heart failt	are, asthenia, etc. It mes	ans the disease,	DUE TO	7		1
		ANTECEDENT CAU		0.	to 1	1	2
1	Marine .			(B) W	MAN SC	(Muss)	
)	RISE TO 1	S OR CONDITIONS, THE ABOVE CAUSE (A)	STATING THE	DUE TO			
;	UNDERL	YING CONDITION L	AST.				
		11		_(C)			
		SIGNIFICANT COND					
		G TO THE DEATH, BUT DISEASE OR CONDITION		***************************************			
	19a. DATE C	OF OPERATION	98. MAJOR FINE	DINGS OF OPER	ATION		20. AUTOPSY?
;	21A. ACCIDE	ENT, SUICIDE,	218 PLACE O	OF INJURY (e. g., in	or   21c, WHERE DID	(If in Baltimore City, gi	YES NO
	HOMICIDE	(Speeify)	about home, farm, fac	ctory, street, office bldg, et	ic.) INJURY OCCUR?	(11 )	
	D. TIME	(Month) (Day) (Year	(Hour)   21E.	NJURY OCCURRE	D 21F. HOW DID IN	NURY OCCUR?	
	INJURY	THE SECTION OF THE SE	WHILE	AT NOT WHILE	7	_4	
	22 7 7 -7		m.   WORK		12 12 10 50	7 mm /7 1000	.7 . 7 7
	deceased a	y certify that I at	tended the deco	ased from that death occur	med at 7A m for	rom the causes and on the	
	23A, SIONA		_, 19 <u>00</u> . ana t		3B. ADDRESS	om the causes and on the	23c. DATE SIGNED
	m. J.	meners	man	м. р.	136 Poblar	gun Xx	11/18/50
2.4	A BURULL (S	CREMA- 24B. DATE	/ 24c. p	ME OF CEMETER	RY OR CREM TORY 2	40 LOCATION (City, town	r county) (State)
9	Menso	el Nov. 2	0/50 /0	udon 1	TARK 1	Calla · le	cds
	ATE RECEIVE		SIGNATURE.	1.	25. FUNERAL DIREC	TOR A	ADDRESS
	11 20 sq	50 timber	tor Mulianu	AHE OF	1 Wisher	14 Dow -130.	Getter 100

51074

VS 150

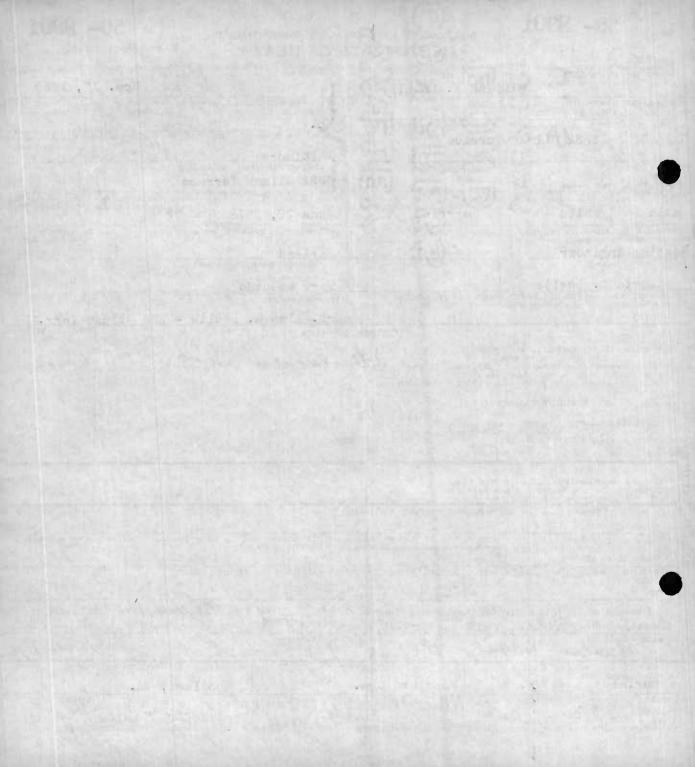
0942 7



CO 0004

JU- JUOL	BALTIMORE CITY HE CERTIFICATE		Registered No	)— 3301
BIRTH NO.	OERTH TOATT	- OF BEATH		
I. NAME OF DECEASED (Type or Print) WILI	LIAM H. LESLIE		OF NOV.	17, 1950
3. PLACE OF DEATH:  A. Baltimore City, Maryland		4. USUAL RESIDENCE ()		nstitution : residence before admission)
B. FULL NAME OF (If not in hospital of HOSPITAL OR 3332 Gilman 1	or Institution, give street address or location)	c. CITY OR TOWN (III	f outside corporate limits,	write RURAL and give township)
c. Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If 3332 Gilman Ter		
5. SEX 6. COLOR OR RACE 7 white	SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH June 26, 1878	9. AGE (In years HU last birthday) Mon	nder 1 Year the Days Hours Min.
10A. USUAL OCCUPATION (Givekind of ork done during most of working life, even if retired) Heating Engineer	OB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	2. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
David L. Leslie		Mary McGuade		
15. WAS DECEASED EVER IN U.S. ARMED F Yes, no or unknown) (If yes, give war or dates of	ORCES?   16. SOCIAL service)   SECURITY NO.	17. INFORMANT	AD	DRESS
no	'r')	Mrs. Alma M. Les	lie - 332 Gilm	INTERVAL BETWEEN
LEADING TO DEATH  (This does not mean the mode of of heart failure, asthenia, etc. It means injury or complication which cause the state of the stat	the disease, sed death.) DUE TD  (B)	s luinean I		6Mos.
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NO TO THE DISEASE OR CONDITION C.	T RELATED			
194. DATE OF OPERATION   198	.MAJOR FINDINGS OF OPER			20. AUTOPSY?
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in bout home, farm, factory, street, office bldg., e		If in Baltimore City, gi	ve exact location)
Old. TIME (Month) (Day) (Year) (H	(our) 21E. INJURY OCCURRE	21F. HOW DID INJUR	Y OCCUR?	
22. I hereby certify that I attendeceased alive on Mov. 17,	19 Jo. and that death occur	red at 8.5° Pm., from t	No Versin/71959, the causes and on the	e date stated above.
Muland Edus	we Day M.D. 2	4-E-33ml St		23c. DATE SIGNED
24A. BURIAL, CREMA- tion, REMOVAL (Specify) Burial 11/20/50	Woodlawn Cem.		odlawn, Md.	
DATE RECEIVED BY REGISTRAR'S	SIENATURE	25 FONERAL DIRECTOR	lange set la	ADDRESS

VS 150



50- 9902 BIRTH NO.

# 50- 9902 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 9902

1. NAME OF C (Type or Print)		E - LOUIS EDGAR ARTH	TID .	2. DATE OF	9 3050
Baltimore	DEATH:	712 Tivoly Ave.		(Where deceased lived. If in	
B. FULL NAME	OF (If not in hospit	al or institution, give street address or location)		(If outside corporate limits,	
NSTITUTION			Baltimore	9-0	township)
		35 Yrs.	D. STREET ADDRESS (	If rural, give location)	
	tay in Baltimore	Mos. Doys	2712 Tivoly A	ve.	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years   H Un last birthday) Mont	hs: Days Hours: Min.
M	W	Married	Jan. 29, 1896	54	
ork done during most	CUPATION (Give kind of of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	foreign country)	2. CITIZEN OF WHAT COUNTRY?
ocomotive	e Engineer	Railroad	Hampstead, Md.		USA
3. FAIHER'S	NAME		14. MOTHER'S MAIDEN	NAME	
	A. Mielke		Martha M. Schr	oeder	
(es, no or unknown)	ED EVER IN U. S. ARMED (If you, give war or dates	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADI	DRESS
No		?	Mr. Earl Louis	Mielke 2712 Ti	voly Ave.
	0.1		OF DEATH		INTERVAL BETWEEN
DISEAS	SE OR CONDITION	DIRECTLY A	7.1	· least	
(This does	not mean the mode oure, asthenia, etc. It mean	f dying, e. g., (A)	& Comay!	wholoom	
injury or	complication which e	aused death.) DUE TO		•	1
	ANTECEDENT CAUS	ES Con	The Coronay b	5	170 3000
DISFASES	S OR CONDITIONS, IF	(B)			
RISE TO T	THE ABOVE CAUSE (A)	STATING THE DUE TO A	1. 1.		
ONDERE	TING CONDITION EX	(c)	pronun		***
	11				
OTHER S	IGNIFICANT CONDITED TO THE DEATH, BUT	TIONS CON-			
TO THE D	ISEASE OR CONDITION	CAUSING IT.			
19A. DATE C	OF OPERATION   1	9B. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
01: 100:5		t all Black of Indian	1 ate wilene bib	(Id in Deltinos Cit	YES NO
	R CONTRIBUTING DEATH	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e	21c. WHERE DID INJURY OCCUR?	(If in Baltimore City, giv	e exact location)
21D. TIME	(Month) (Day) (Year)	(Hour) 21E. INJURY OCCURRI	ED 21F. HOW DID INJU	RY OCCUR?	AL SECTION OF
		m. WHILE AT NOT WHILE			
22. I hereb	v certify that I att	ended the deceased from	15 19 50 to	11/17 1950	that I last saw the
deceased al		, 19 57), and that death occur	red at 7 4 m. from	the causes and on the	
23A. SIGNAT	TURE		3B. ADDRESS		23c DATE SIGNED
4.4.	Homse	M. D. 7	12/2/240	lear	11/20/50
4A. BURIAL, C	CREMA- 24B. DATE	24c. NAME OF CEMETE	RY OR CREMATORY 24D.	LOCATION (City, town, or	county) (State)
Burial	11/21	/50   Druid Ridge (		kesville, Md.	
OCAL REGIST		S SIGNATURE	25. FUNERAL DIRECTOR	· / / / /	DDRESS
NOVOA	1000 Tuto	to Villians six	Mm. J. Jukner	Sone Inc. Dal	to mid
VS 150	1330	8			6.11
		5415	0	0	942

late on a series

50- 9903

anna

	00	,00			COE DEAT		Registered N	303	
В	RTH NO.			CERTIFICAT	E OF DEAT	H '	tegistered N		
	NAME OF DE	usdin Zi	n. W.	W 4 W		2. DA O DEA	TE F ATH //-/	18-50	
	PLACE OF DE Baltimore Ci	ATH:	mel	900-	4. USUAL RESID	ENCE (Where dec			
В.	FULL NAME O		tal or institut	or, give street address or location)	Y CLEV CD TOWN	Meex		*A YNYTD A Y	
	ISTITUTION C	ma Ge	n 14	ospelat	c. CITY OR TOWN	Ball	0 7	s, write RURAL at	na give /nship)
c.	gth of sta	y in Baltimore		/ Yrs. Mos. Days	601	ESS (If rural, gi	ve location)	MILLEN	
5.	Mule	While	WIDOW	MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTI	9. AGE last		Under I Year If Under nths Days Hours	24 Hours Min.
10 orl	A. USUAL OCC	UPATION (Give kind of working life, even if retired)	108. KIND	OF BUSINESS OR	W. BIRTHPLACE	State or foreign co	untry)	12. CITIZEN OF WHAT COU	
13	FATHER'S NA	IME .	1 ren	STEELMILL	14. MOTHER'S MA	IDEN NAME			
		nord Br	nne	· · · · · · · · · · · · · · · · · · ·	Besse	i Wal	21.		
15 Yes	, no or unknown)	EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		,	DRESS OIK Cur	O.
Ī	18. UU	2 Y .		CAUSE	OF DEATH	1-11-2		INTERVAL BE	TWEEN
i	DISEASE	OR CONDITION	DIRECTLY		•			ONSET AND	DEATH
	(This does heart failure	LEADING TO DEA not mean the mode e, asthenia, etc. It me	of dying, e. a ans the diseas	a. (A) UYEN	1ia	***************************************			
ı	injury or o	complication which	caused death	.) DUE TO					
ı	A	NTECEDENT CAU	SES	(B) Huper	tensive Cardi	OVASCULUY	Renal 1)	isease	
2	RISE TO TH	OR CONDITIONS, I	STATING TH	IG //					-00000000000000
4	UNDERLYI	NG CONDITION L	AST.	(C)	•••••••••••••••••••••••••••••••••••••••		**********************		•••••
		II GNIFICANT COND			1 ,	0/17			
FF		TO THE DEATH, BUT EASE OR CONDITION	CAUSING I	T. MNUNIYEA	tracture	Ost libia	+ tibula		
7	19A. DATE OF	OPERATION 1	19B. MAJOR	FINDINGS OF OPER	ATION			YES Y	SY7
לוכו	UNDERLYING	CAUSE WAS OR CONTRIB-	about home, f	CE OF INJURY (e. g., 1 arm,factory,street,office bldg.,			timore City, g	ive exact location	1)
M	21D, TIME (M	lonth) (Day) (Year		THE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID	INJURY OCCU	R7		
ı	22. I certify	that I took char		remains described a	bove, held an	Autopsy		thercon and	from
	the evid and dea	ence obtained by th in my opinion	said Auto	psy, Inspection or l rom: natural causes	nquiry, find that	Autopsy, Inspection said deceased suicide [], hor	died on the	c day stated of determined	ibove,
	23A. SIGNATU		La			EDICAL EXAMIN	ER 230	. DATE SIGNED	
24 TIC	A. BURIAL, CR		/_	AC. NAME OF CEMETE		24b. LOCATIO			tate
	ATE RECEIVED		S SIGNATU	REII 1 11 SIP	25. FUNERAL DIR		1	ADDRESS	/
	Burn	AR Street	tington /	YMMessee, Myer	allulo	rined H	m-200	4 Onla	
V	S 151 /1 / Z	0/50		9703	A		13	12	

50-	9904
3 C	4000

BALTIMORE CITY HEALTH DEPARTMENT

			C	ERIFICAL	E OF DEAT	H	Registered I	VO	
В	IRTH NO.	0.4	DAU						
	NAME OF DE	DA	nda	se mo	. Will		OF 19	hov. 50	
3. A.	PLACE OF DE Baltimore C	ity, Maryland		)	A. STATE	ENCE (Where	deceased lived. If	institution; residence	
н	FULL NAME ( OSPITAL OR ISTITUTION	OF (If not in hospit	al or institution,	give street address or location		N (If outsi	de corporate limit	is, write RURAL and	lgive
(	Chun	ch Non	ne V	Noop.	Dun	doll	22	town	ship)
C.	Length of st	ay in Baltimore	24	Yrs. Mos. Days	D. STREET ADDR	Saint	Helia	na Ave	
5	SEX O	6. COLOR OF RACE	7. SINGLE, N		8. DATE OF BIRT	H 9. A		f Under I Year   If Under 24	Hours Min.
10	A. USUAL OCC	CUPATION (Give kind of	108, KIND OI	F BUSINESS OR	11. BIRTHPLACE	State or foreign	country)	12. CITIZEN OF	
	Mille	working (fie, even if retired)	STEEL	INDUSTRY	wheele	ing W.	Vinorin	WHATCOUN	FRY:
13	FATHER'S N	AME V		0	14. MOTHER'S M.	AIDEN NAME	0		
		D EVER IN U.S. ARME		6. SOCIAL	17. INFORMANT	e, In	iss tal	DDRESS	
16	s, no or unknown)	(If yes, give war or date	s of service)	SECURITY NO.	Mrs. Mild	red Bro	ndon a	aint Nelen	0
i	18. 58	6 X 1		CAUSE	OF DEATH			ONSET AND D	VEEN EATH
		LEADING TO DEA not mean the mode	TH	(A) as	sinalio	in In	mmo	ing 2 da	40
	heart failu	re, asthenia, etc. It mes complication which	ans the disease,	DUE TO					U
,		ANTECEDENT CAU	SES	Co	mon	chu	A	19da	v
2	RISE TO T	OR CONDITIONS,	STATING THE	DUE TO	Prolom	chica			0
S	UNDERLY	ING CONDITION L	AST.		0 000	0,000,			
4117	OTHER S	II IGNIFICANT COND	ITIONS CON-	(C)					
CE	TRIBUTING	TO THE DEATH, BUT	NOT RELATED	***************************************					
AL	19A. DATE 0	F OPERATION 3	19B. MAJOR FI	INDINGS OF OPE	ation (	etsh	uchon	20. AUTOPS	
200	21A. ACCIDE HOMICIDE	NT, SUICIDE, (Specify)		OF INJURY (e. g., ,factory,street,office hldg.,			Baltimore City,	give exact location)	
N N	ID. TIME (	Month) (Day) (Year	)(Hour)   21s	. INJURY OCCURE	ED 21F. HOW DII	OO YAULNI C	CUR?		
1	FINJURY		WHII	LE AT NOT WHILE		La Propinsi			
		y certify that I at	tended the de	ceased from 6	noving	0, to 19 h	ov, 1957	D, that I last sau	the
	deceased al		1960, and		rred at 2:20Am	from the ca	uses and on t	23c. DATE SIGN	
0	4A. BURIAL. C		- 0 0-	M. D.	ERY OR CREMATORY	1 34D LOCAT	TON (City, town	or county) (St	60 ate)
ŤI	ON REMOVAL (S	pecify)	153	MX an	Mi (	Whee	lina )	WVa	,,,
	ATE RECEIVE	D.BY   REGISTRAR	'S SIGNATURE	11: 16 420	25. FUNERAL DI	RECTOR	11/2	ADDRESS	
_	1101 2010		AUGUST 110	ANGRAN NINE	Meline	ringel !	Muchol	14 mlea	~
	VS 150	10.		690	3A		12	76	

### BALTIMORE CITY HEALTH DEPARTMENT

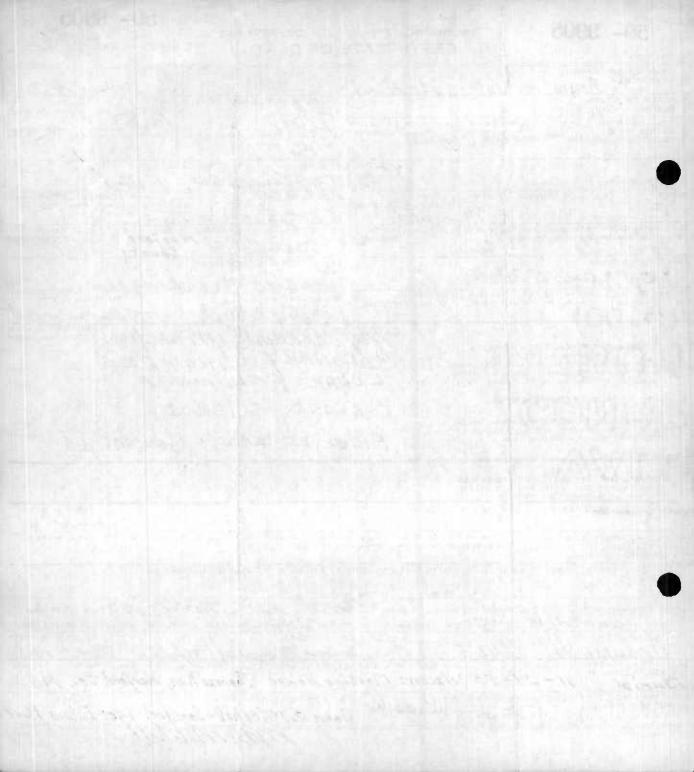
50- 9905

CERTIFICATE OF DEATH Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) nna M. Waters Mc Neo! DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNT before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Union Memorial Hospita location) CITY OR TOWN (If outside corporate limits, write RURAL and give townshin) 42 Yrs. (If rural, give location) D. STREET ADDRESS Mos. agth of stay in Baltimore Days Leadla 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (in years) If Under 1 Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours | Min. lavues 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country, 10B. KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY Harford WHAT COUNTRY? to useum Uma Countu 13. FATHER'S NAME MAIDEN NAME James D. 71 15. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 18. 101 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ARTERIOSCIEROSCS GENERALISED OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WHILE AT WORK AT WORK Most. 11 1950, to 7000.18, 150, that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on 15, 18 ., 195D. and that death occurred at 2:10Pm., from the causes and on the date stated above, 234 SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24C, NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Watters Meeting House Thomas Kun, Harford Co., Md.

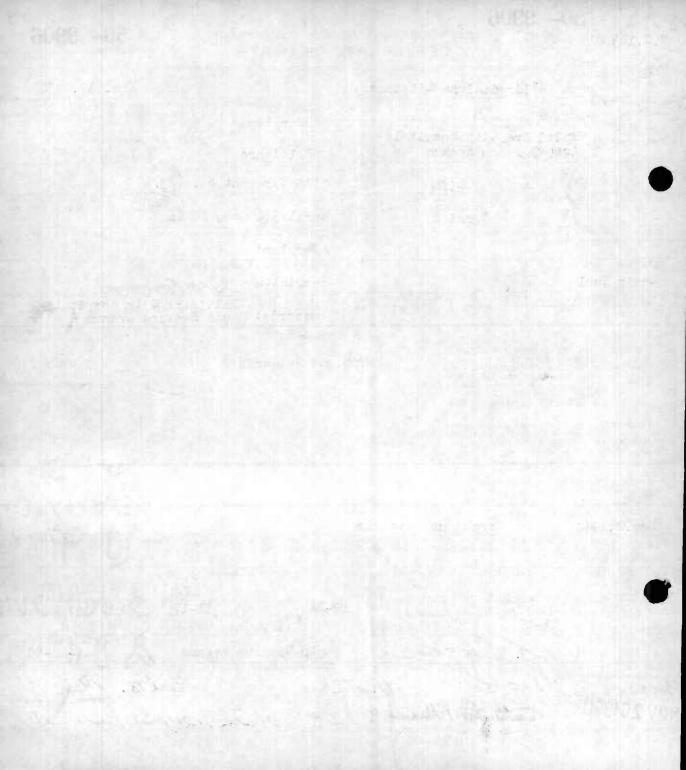
RECEIVED BY

Tuntu ator Miliams, Miliams John O. Mitchell + Sons, Inc.

1900 Eutaw Place



50- 9906 BALTIMORE CITY HEALTH DEPARTMENT 50- 9906 N.D.143001 CERTIFICATE OF DEATH Registered No BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) Mildred Alpha Litsinger Nov. 17,1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE before admission) B. COUNTY (If not in hospital or institution, give street address or Maryland B. FULL NAME OF HOSPITAL OR Baltimore City Hospitals location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 4940 Eastern Avenue Baltimore D. STREET ADDRESS (If rural, give location) Mos. 1125 Sargeant St. gth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Yeer last birthday) | Months Days Hours: Min. April 3,1906 Married 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dane during most of working life, even if retired INDUSTRY WHAT COUNTR Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Louis Buhl Henrietta (Un Knogo 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, nn nr unknnwn) (If yes, give war nr dates of sorvice) 16. SOCIAL 17. INFORMANT Baltimore City Magnifeals SECURITY NO. 4940 Eastern Avenue Records: 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Pemphigus Vulgaris 4 Months (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) .... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY Nov.2,1950 Pemphigus Vulgaris 218. PLACE OF INJURY (e.g., in nr (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER 21c. WHERE DID INJURY OCCUR? LYING OR CONTRIBUTING about bnme, farm, factory, street, nflice bldg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NJURY NOT WHILE! WHILE AT 10-31 19 50to 19 50 that I last saw the 11-17 22. I hereby certify that I attended the deceased from. 19 50 and that death occurred at 6.50 pm., from the causes and on the date stated above. deceased alive on 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 4940 Eastern Avenue 11-18-50 BURIAL, CREMA-24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) 25. FUNERAL DIRECTOR ADDRESS VS 150 2000年代於清清市明明中的 153.2

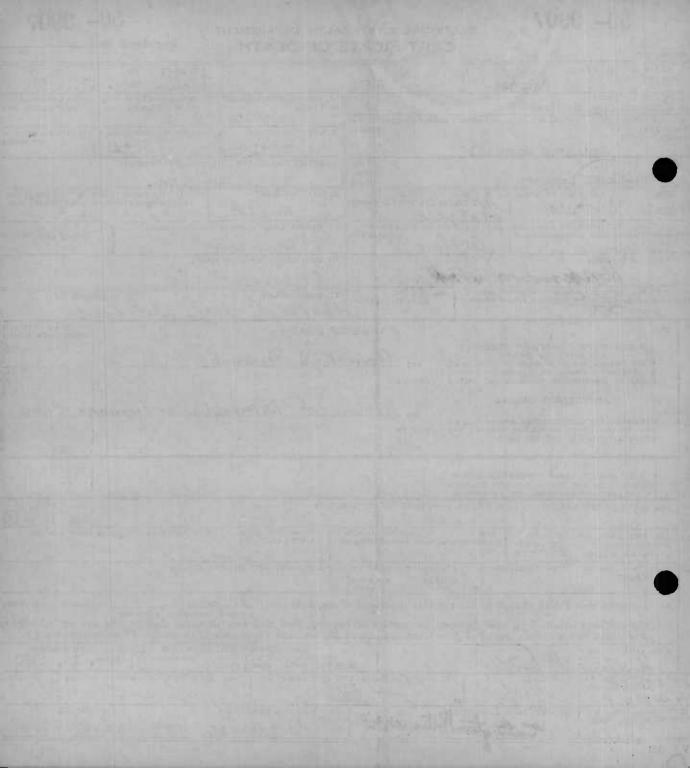


### BALTIMORE CITY HEALTH DEPARTMENT

50- 9907

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Rebecca OSWALD Nov. 17. 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) Marvland ("f not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Lutheran Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Leigth of stay in Baltimore Days 2823 W. North Ave. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | Months Days | Hours Min. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) White Female 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF vork dong during most of working life, even if retired) INDUSTRY WHAT COUNTRY Housewifo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rnow 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. me 10 INTERVAL BETWEEN 18. CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY Generalized Peritonilis LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) Rupture of Diverticulum of Transverse Colon DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSYT ND X YES 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) UNDERLYING | OR CONTRIB-UTING | CAUSE OF DEATH ZID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 22. I certify that I took charge of the remains described above, held an . thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \( \), accident \( \), suicide \( \), homicide \( \), undetermined \( \). 238. CHIEF MEDICAL EXAMINER...... 23c. DATE SIGNED 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER.... Nov. 18, 1950 MEDICAL INVESTIGATOR. 24C NAME OF CEMETERY OR CREMATORY | 24D LOCATION (City, town, or county) 248. DATE 25 PUNERAL DIRECTOR REGISTRAR'S ADDRESS DATE RECEIVED BY LOCAL REGISTRAR The Real Property of the Parks

V S 151



# 240 50- 9908 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50- 9908 Registered No.

BIRTH NO.					
1. NAME OF DECEASED (Type or Print)				2. DATE OF	
Mrs.	Louise	Kegel		DEATH NOV.	
a. Baltimore City, Maryland		A STATE OF THE STA	4. USUAL RESIDENCE	(Where deceased lived, I: B. COUNTY	f institution; residence before admission)
B. FULL NAME OF (If not in hospital HOSPITAL OR INSTITUTION	al or instituti	on, give street address o location		If outsi <b>d</b> e corporate limi	ts, write RURAL and give
St. Joseph's	Hoeni te	1	Raltimore	1-	township)
Oliv Goberni S	HOOME GO	Yrs.	D. STREET ADDRESS ()		
c. agth of stay in Baltimore		Mos.	022 C De	olsom Arronno	
5. SEX   6. COLOR OF RACE	7. SINGLE	Days . MARRIED.	1 8. DATE OF BIRTH	cker Avenue	If Under 1 Year 1 If Under 24 Hours
	WIDOW	ED, DIVORCED (Specify		last hirthday) M	onths Days Hours Min.
Te. White		rried	yerex 801	64	
vork done during most of working life, even if retired)	IOB, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
Hwfe.	Own Ho	me	Baltimore, M	aryland	
13. FATHER'S NAME	100		14. MOTHER'S MAIDEN	NAME	
ourad Ha	11		Unk	nown	
15. WAS DECEASED EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or nnknown) (If yes, give war or dates	of mervice)	SECURITY NO.	D 1/1/ B.	Goz. C	A. W. III.
no -			NAYTHONA W. DTE	non 1230,0	CRCKEN SUR
18. 4/6 X		CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION		P		1.	
(This does not mean the mode of	FH f dving, e.s	(A) (A)	umonary emb	Allem	
heart failure, asthenia, etc. It mea injury or complication which c	ns the diseas	e.			
inguity of complication which c	auseu geath	The second secon	1 0 1		
ANTECEDENT CAUS	ES	Mks	um axie mitra	Admeria	
DISEASES OR CONDITIONS, II	F ANY. GIVIN	(B)(F	m with	A PONTON	
RISE TO THE ABOVE CAUSE (A)	STATING TH				
UNDERLYING CONDITION LA	51,				
<u>L</u>		(C)			
T II OTHER SIGNIFICANT CONDI	TIONS CON		1	6 11	
TRIBUTING TO THE DEATH, BUT	NOT RELATE	D MA	ushal Vaccular	· (Icerdent	
19a. DATE OF OPERATION 11			RATION		20, AUTOPSY?
					YES NO
21A. ACCIDENT, SUICIDE,	1 21B. PLA	CE OF INJURY (e. g.,	in or   21c. WHERE DID	(If in Baltimore City,	
HOMICIDE (Specify)		arm, factory, street, office bldg.			<b>5</b> -17 111111 1111111,
Σ	**				
21D. TIME (Month) (Day) (Year)		21E. INJURY OCCURE		RY OCCUR7	
	m.	WHILE AT NOT WHILE			
22. I hereby certify that I att	andad tha	deceased from	11/4/ , 1950 to	11/18/ 195	o, that I last saw the
deceased alive on 11/18/	150	acceused from	erred at 10:30 MM, from		
23A. SIGNATURE	, 190,		23B. ADDRESS	the causes and on t	23c. DATE SIGNED
Moul for	Me	6	1400 N. Carolin	e Street	11/18/50
24A. BURIAL, CREMA- 24B. DATE	1 10	24c. NAME OF CEMET		LOCATION (City, town	
TION REMOVAL (Specify)	- 1	911.		12.01	400
	50	INT	eriust	/SUL10. 1	ud.
DATE RECEIVED BY REGISTRAN	SSIGNAT	77.	25. FUNERAL DIRECTOR	0.7	ADDRESS
0320	Tan /	Maria, H.B.	W- Jok me.	1217 St. Ja	ul ST.
1A 3.0 1920	121 02 18,	a his primagnipay of h			A
	47.14	at at one make set			198/-
					U I V

AND THE PROPERTY OF STATE	

gth of stay in Baltimore

10A. USUAL OCCUPATION (Give kind of

work done during most of working life, even if retired)
Sheet Metal Worker

6. COLOR OR RACE

White

John

DISEASE OR CONDITION DIRECTLY

LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Nov1 15.1950 8.15.

Nov. 20,1950

REGISTRAR'S SIGNATURE

UNDERLYING CONDITION LAST.

19A. DATE OF OPERATION

INJURY

BURIAL, CREMA-

TION, REMOVAL (Specify)

DATE RECEIVED BY

Removal

21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB.

UTING CAUSE OF DEATH.

210. TIME (Month) (Day) (Year) (Hour)

(If yes, give war or dates of service)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

Cox

B. FULL NAME OF HOSPITAL OR

INSTITUTION

Male

13. FATHER'S NAME

(Yes, no or unknown)

unknown

			DEPARTMENT DEATH	Regis	50- stered No.—	9
CADMED	TABATE	C COV		2. DATE	11 11/	

BIRTH NO.	
Type or Print)	 

4. USUAL RESIDENCE (Where deccased lived, If institution : residence

township)

DEATH //-/8-8(

Carter J. Cox

7. SINGLE, MARRIED

WIDOWED, DIVORCED (Specify)
Drivorced

108. KIND OF BUSINESS OR

Lloyd E. Mitchell I

SHEET METAL SHOP

16. SOCIAL

19B. MAJOR FINDINGS OF OPERATION

218. PLACE OF INJURY (e.g., in or

about home, farm, factory, street, office bldg., etc.)

house under construct

AT WORK

24C. NAME OF CEMETERY OR CREMATORY

Union City

WHILE AT X

22. I certify that I took charge of the remains described above, held an

SECURITY NO

409-01-3073

8. DATE OF BIRTH

17. INFORMANT

Laceration of Brain

(c) Extradural Hemorrhage

21c. WHERE DID

INJURY OCCUR?

25. FUNERAL DIRECTOR

21E. INJURY OCCURRED TOFF. HOW DID INJURY OCCUR?

the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined [].

1401 Cherry Hill Road

238, CHIEF MEDICAL EXAMINER ..... ] ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR .

CAUSE OF DEATH

D. STREET ADDRESS (If rural, give location)

before admission)

A. Baltimore City, Maryland (If not in hospital or institution, give street address or

South Baltimore General

A. STATE

Mannasota Avenue

B. COUNTY

(Unknown)

HOSD

Maryland

11. BIRTHPLACE (State or foreign country)

Union City, Tenn.

(If outside corporate limits, write RURAL and give

9. AGE (In years | ff Under I Year | ff Under 24 Hours last birthday) | Months: Days | Hours | Min.

ADDRESS

(If in Baltimore City, give exact location)

Fell from steel beam on roof of house

24D. LOCATION (City, town, or county)

Union City.

Autopsy Inspection or Inquiry

Maryland

4519 Mannasota Avenue

12. CITIZEN OF

WHAT COUNTRY

INTERVAL BETWEEN

ONSET AND OFATH

20. AUTOPSY

thereon and from

ADDRESS

Paul Street

C. CITY OR TOWN

Baltimore

Nov. 1, 1911

14. MOTHER'S MAIDEN NAME

Sallie

Mrs. Amanda Scott

Basilar Fracture of Skull

Yrs. Mos.

Days

F. E. Waetge

BIRTH NO.

V S 151

1. NAME OF DECEASED (Type or Print)

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50- 9910 Registered No.

1217 St. Paul Street

2. DATE OF DEATH

3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institu	tion: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION  606 S. Savage Street	Maryland c. CITY OR TOWN (If outside corporate limits, write Baltimore	e RUBAL and give township)
c agth of stay in Baltimore Yrs.  Mos. Days	D. STREET ADDRESS (If rural, give location) 606 S. Savage Street	
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify)  male white married	8. DATE OF BIRTH 9. AGE (In years lit Under I last hirthday) Months: I	
10A. USUAL OCCUPATION (Givekind of ork done during most of working life, even if retired)  Ret. Master Merchant Marine	11. BIRTHPLACE (State or foreign country)   12. C	ITIZEN OF VHAT COUNTRY?
13. FATHER'S NAME Waetge	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Gertrude S. Waetge, 606 S. Savag	
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CON-	ease	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about home, farm, factory, street, office bldg., e	n or   21C. WHERE DID (If in Baltimore City, give ex	res No No act location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRING WHILE AT WORK AT WORK		
the evidence obtained by said Autopsy, Inspection or I and death in my opinion resulted from: natural causes	Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the day	
23A. SIGNATURE MILLIAM M	238. CHIEF MEDICAL EXAMINER	TE SIGNED
burial 11/22/50 Oak Lawn		aryland
DATE RECEIVED BY REGISTBAR'S SIGN TURB	25. FUNERAL DIRECTOR ADDI	RESS

### 7 ALLGT BALTIMORE CITY HEA CERTIFICATE OF DEATH

50- 9911

Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) NOV 17-50 OF SHERMAN EBAUGH DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) MARYLAND B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) ISALTIMORE Yrs. o. STREET ADDRESS (If rural, give location) Mos. 4600 WILMSLOW gth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 9. AGE (In years) 7. SINGLE, MARRIED 8. DATE OF BIRTH last hirthday) | Months Days Hours | Min. WIDOWED, DIVORCED (Specify) SINGLE 108. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Give kind of orly done during most of forking life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. no INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ... Emplyseus and Pulmonary Glossis. (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, OUE TO injury or complication which caused death.) ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... OTHER SIGNIFICANT CONDITIONS CONaut baileul. TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY NOT WHILE! WHILE AT , 1950, that I last saw the 22. I hereby certify that I attended the deceased from 11-17 1950 and that death occurred at dcceased alive on\_\_\_\_ am., from the causes and on the date stated above, 23A. SIGNATURE 23c. DATE SIGNED 23B. ADDRESS 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION REMOVAL (Specify) 11/20/50 Burial ADDRESS DATE RECEIVED BY LOCAL REGISTRAR

through placement of the countries of the countries of THE PARTY OF THE P

	NT-	001
tered	No	

9912

before admission)

	2. DATE OF DEATH	11-18
4. USUAL RESIDENCE (W	here deceased 1	

titution : residence

(If not in hospital or institution, give street address or

HOSPITAL OR

INSTITUTION

gth of stay in Baltimore

John Marfar Breas 15 Was DECEASED EVER IN U. S. ARMED FORCES?

(If yes, give war or dates of service)

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

UNDERLYING CONDITION LAST.

19A. DATE OF OPERATION

INJURY

24A. BURIAL, CREMA. TION REMOVAL (Specify)

DATE RECEIVED BY

LOCAL REGISTRAR

WAY 201950

V S 151 "

21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB.

UTING | CAUSE OF DEATH.

21D. TIME (Month) (Day) (Year) (Hour)

IOA. USUAL OCCUPATION (Give kind of

work done during most of working life, even if retired)

13. PATHER'S NAME

(Yes, no or unknown)

788

6. COLOR OR RACE

Yrs.

Mos.

TOB. KIND OF BUSINESS OR

WIDOWED, DIVORCED (Specify)

16. SOCIAL

DUE TO

DUE TO

198, MAJOR FINDINGS OF OPERATION

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

WHILE AT

WORK

22. I certify that I took charge of the remains described above, held an .

1930

21E. INJURY OCCURRED

NOT WHILE

AT WORK

the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated a and death in my opinion resulted from: natural causes X, accident \( \subseteq \), suicide \( \subseteq \), homicide \( \subseteq \), undetermined \( \subseteq \)

(C) .....

location)

AL INDUSTRY

SECURITY NO.

C. CITY OR TOWN

Days

CAUSE OF DEATH

D. STREET ADDRESS

8. DATE OF BIRTH

11. BIRTHPLACE (State or foreign country)

14. MOTHER'S MAIDEN NAME

21c. WHERE DID

INJURY OCCUR?

26. FUNERAL DIRECTOR

21F. HOW DID INJURY OCCUR?

238. CHIEF MEDICAL EXAMINER ..... ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR .... NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)

Autopsy, Inspection or Inquiry

(If outside corporate limits, write RURAL and give (If rural, give location)

9. AGE (In years

last birthday) Months: Days Hours: Min.

12. CITIZEN OF WHAT COUNTRY?



4	E	lu	er	4
	ONS	ERV SET	AL	BE

TWEEN

DEATH

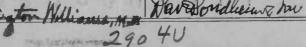
20. AUTOPSY (If in Baltimore City, give exact location)

•			
be	o	e	

4	/
1/	
7	
d	

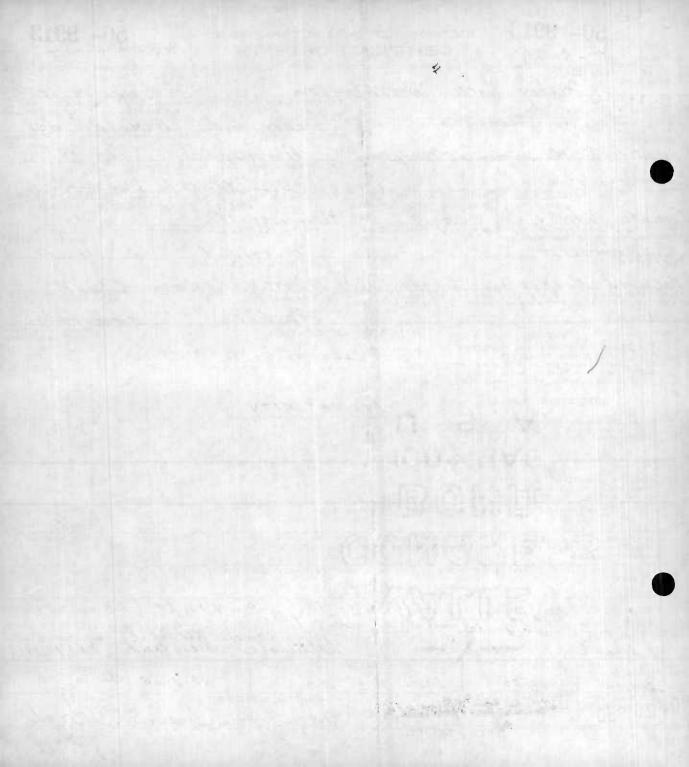
ADDRESS

thereon and from



. .

635 0012	V
CEPTIEIO	TY HEALTH DEPARTMENT 50- 9913  CATE OF DEATH Registered No.
BIRTH NO. 50-24933	Office of Defitti
1. NAME OF DECEASED (Type or Print)  Baby Girl Worth	thington 2. DATE OF DEATH ALOV. 19 1950
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased fived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street add HOSPITAL OR lo INSTITUTION	ddress or ocation) C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Hospital for the Women of Mary la	and Annapolis 52-10 township)
c. Bength of stay in Baltimore	Yrs. D. STREET ADDRESS (If rural, give location) Mos.
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	Days   V.S. N2V2   B 25 C   B. DATE OF BIRTH   9. AGE (In years   If Under 1 Year   If Under 24 Hours
Female white Single	
10a. USUAL OCCUPATION (Give kind of ork KIND OF BUSINESS INDICATION (Give kind of ork kind of business ork dooe during most of work jog life, even if retired)	OOR 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	maryland USA.
A. /	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16/50CIAL	Jr. Mancy Virginia Clark
Yes, oo or uokoowo) (If yes, give war or dates of service) SECURITY	Y NO. 17, INFORMANT ADDRESS
18. ~ / ~ CA	USE OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES	PREMATURITY
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF	OPERATION 20, AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, offi	(e.g., io or   21C. WHERE DID (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OC	CCURRED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NO WORK AT	OT WHILE
22. I hereby certify that I attended the deceased from deceased alive on Nov. 19, 19 50, and that death	h occurred at 6 Am., from the causes and on the date stated above
23A. STONATURE	23B. ADDRESS Woman's Haspital 23c. DATE SIGNED NOV. 19, 1950
24A, BURIAL, CREMA- 24B, DATE 24C. NAME OF C	EMETERY OR CREMATORY 240. LOCATION (City, town, or county) (State)
PATE RECEIVED BY REGISTRAB'S SIGNATURE WILLIAMS, M.	Vem D. Tuckner, Sons Inc Balts Md
VS 150	1 - 2



BIRTH NO. 1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or

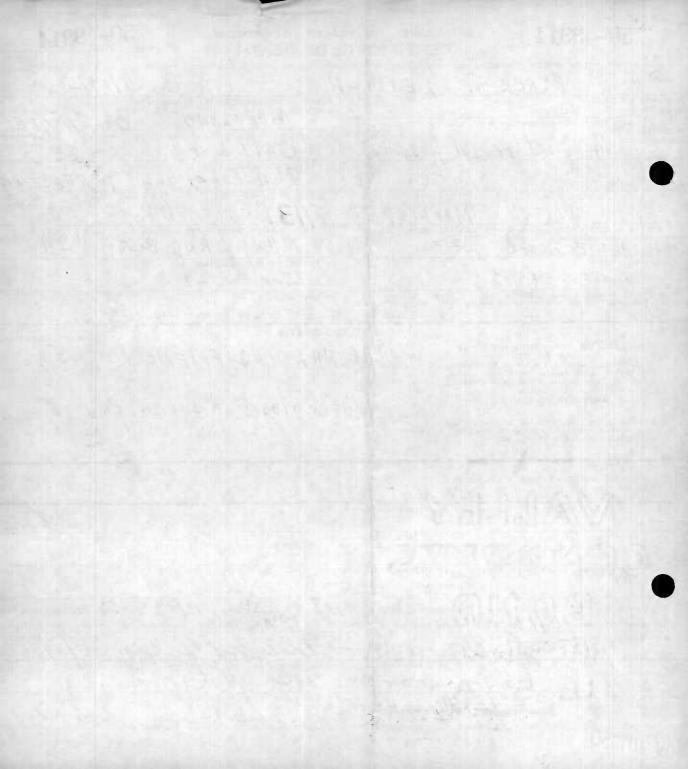
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

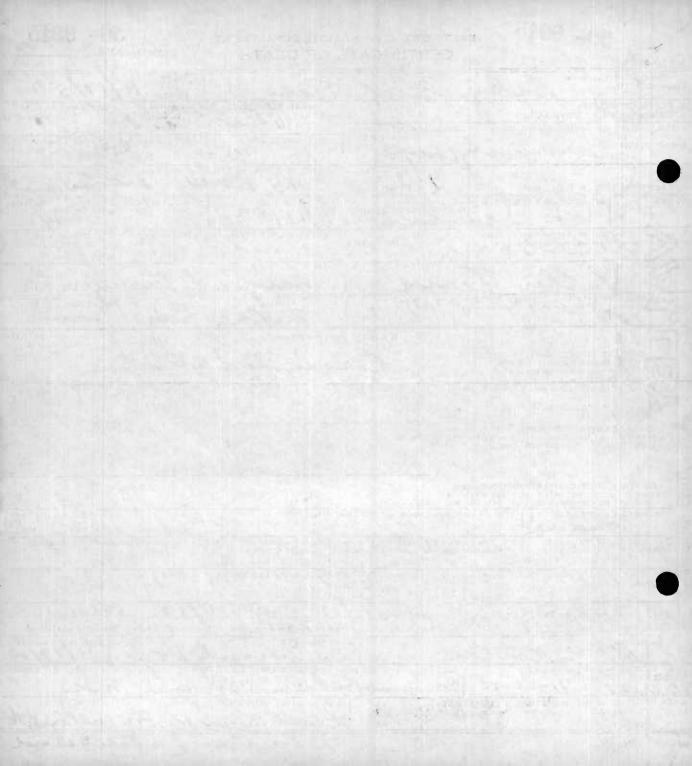
2. DATE OF DEATH

4. USUAL RESIDENCE (Where deceased lived, If institution; residence

A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; reside	nce
B. FULL NAME OF (If not in hospital or institution, give street address or	A. STATE MARY LAND B. COUNTY BALTIMOR	ission)
HOSPITAL OR location	C. CITY OF TOWN (If outside corporate limits, write RURAL as	nd give
MARY LANCE (JENERAL HOSPITA)	DAITIMORE 15 38 ton	nship)
Yrs.	o. STREET ADDRESS (If rural, give location)	
mos. Days Days	dell Chelsen lerrace	#16
6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED DIYORCED (Specify)	B. DATE OF BIRTH  9. AGE (in years of Under I Year Hours  1 Blast birthday) Months: Days Hours	24 Hours : Min.
OA. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)  ONSULTANT ENGINEER SELF.	11. BIRTHPLACE (State or foreign country) 12. CHTIZEN OF WHAT GOULD	NTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
GEORGE R. LETLICH	LILLIAN KINTZ	
5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL		
(es, no or unknown) (If yes, give war or dates of service) SECURITY NO.	MR. GOD. M. LEILICH - 46 HILLSIDE DRIVED OF NEW	
18. 0 / 7 X . CAUSE C	OCCHARA PARK 117	TWEEN
DISEASE OR CONDITION DIRECTLY	OF DEATH	
LEADING TO DEATH	ENAL INSUFFIENCY Syn	^
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,		·····
injury or complication which caused death.) OUE TO		
ANTECEDENT CAUSES	PRCUlosis of Adrenal gland	
DISEASES OF CONDITIONS, IF ANY GIVING	TKC010313 OF HAKENA/ 919NO	
RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.		
(C)		
11		
OTHER SIGNIFICANT CONDITIONS CON-		
TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERA	ATION   20. AUTOP	SY?
	YES U	10
21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING about home, farm, factory, atreet, office bidg., et	or 21c. WHERE DID (If in Baltimore City, give exact location INJURY OCCUR?	1)
210. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRE	D 21F. HOW DID INJURY OCCUR?	
MHILE AT NOT WHILE AT NOT WHILE AT WORK AT WORK		
	1/8 1053 11/19 1053	
deceased alive on 1/19 19 2 and that death occur	10 1930, to 1///7 , 1930, that I last sa	
	red at / Am., from the causes and on the date stated of	
Williamy ( Yerreno 100)	Maluland to sleep 1/1/19/	(C)
44. BURIAL, CREMA- 24B DATE 24C. NAME OF CEMETER	RY OR CREMATORY 240. TOGATION (City Jown, or county) (8	State)
ION, REMOVAL (Specify) 11/21/50 ARLINGTON NAT'.	L CEM. ARLASTON, VA.	
OCAL REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS	
AND THE ADDRESS OF THE PARTY OF	my Juliane cons me Malls, mis	
10V201950 049		
047	84 02/a	



161a Balt 23 mol



M-6 \$5 9916

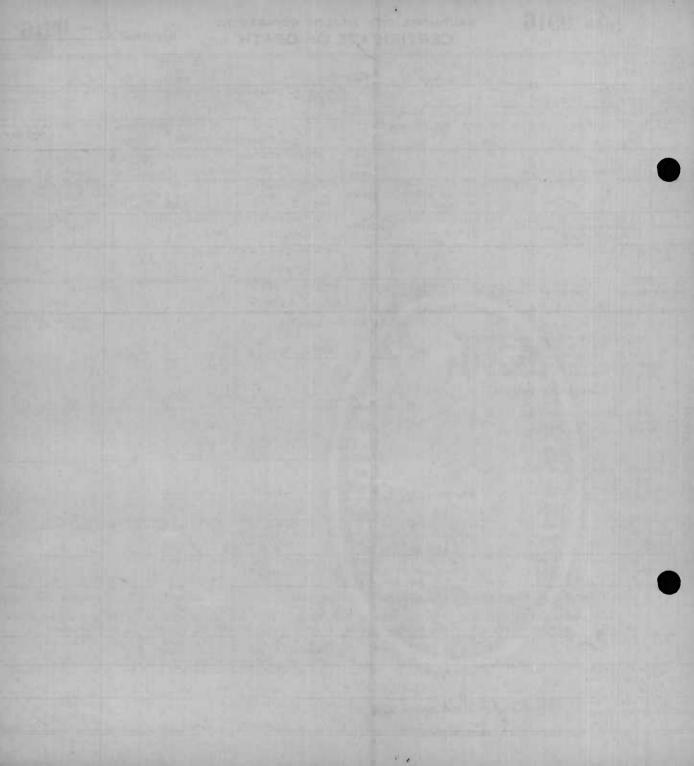
N-820.1

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No 9916

186 am

=	KIH NO.								
1. (T	NAME OF DE	ECEASED	M	ary A. Mo.	-can		ATE OF EATH	10/00	
	PLACE OF DE Baltimore C	ity, Maryland	/	1		ENCE (Where d		f institution: residence before admission)	
H	FULL NAME ( OSPITAL OR ISTITUTION			on, give street address or location)		N (If outside	corporate limi	ts, write RURAL and give	
1	352	W. H	1. Iton	54	Se	1 to 1/2	In	township	
	noth of st	ay in Baltimore		Yrs. Mos.	D. STREET ADDR	ESS (If rural, s	rive location)	ELD, MD	
5.		6. COLOR OR RACE		Days  MARRIED,  ED, DIVORCED (Specify)	8. DATE OF BIRT	H 19. AC	SE (In years) st hirthday) M	M Under 1 Year   M Under 24 Hours onths: Days   Hours   Min.	
10	A USUAL OCC	CUPATION (Give kind o	NID	OF BUSINESS OR	JAN. 14. 18 /3	9	75		
work	done during most of	working life, even if retired	V	HONE INDUSTRY				12. CITIZEN OF WHAT COUNTRY	
13	FATHER'S N	AME			14. MOTHER'S MA	AIDEN NAME			
10		AD ARKS			SUSAN				
(Ye	s, no or nuknown)	D EVER IN U.S. ARME (If yee, give war or date	D FORCES?	16. SOCIAL 2 SECURITY NO.	17. INFORMANT MR. CLIFTON I	V. MORGAN		NIDELIER PL	
	18. E9	04.7.		CAUSE	OF DEATH	Ale		INTERVAL BETWEEN	
ï	DISEASE OR CONDITION DIRECTLY								
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,								
	injury or	complication which	caused death						
	ANTECEDENT CAUSES  (B) Fructured ORT H.P							Ents	
ZO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO							<u> </u>	
FA	UNDERLY	ING CONDITION L	AST.	20210					
2		11		(C)					
TI		GNIFICANT COND							
CEF	TO THE DE	TO THE DEATH, BUT SEASE OR CONDITION	N CAUSING 17	Γ					
_	19a. DATE OF	POPERATION	98. MAJOR	FINDINGS OF OPER	RATION			20. AUTOPSY?	
CA		AL CAUSE WAS		CE OF INJURY (e. g., i		OID (If in B:	altimore City,	give exact location)	
EDIC	CAUSE OF D	R CONTRIBUTING E EATH.	/	arm, factory, street, office bldg	etc.) INJURY OCCL				
Z	210. TIME ()	Wonth) (Day) (Year		RIE. INJURY OCCURR	ED 21F. HOW DIE	NJURY OCCI	JR? 0 0 1/	Jeh ST	
	OF INJURY	10/21/50	m. W	HILE AT NOT WHILE	F2/	1/ 12 6	ath-ro	017	
	22. I certify that I took charge of the remains described above, held an thereon and from								
	the evid	lence obtained by	said Auto	psu. Inspection or 1	nguiry, find that	Autopsy, Inspecti said decease	d died on th	he day stated above	
	ana dea	th in my opinion	resulted fi	rom: natural causes	accident [],	suicide , ho	micide 🔲, ı	undetermined [].	
	23A. SIGNATI	D. 1.	Tula	in a fam M	ASSISTANT M	EDICAL EXAMII	VER	BC. DATE SIGNED	
24	A. BURIAL, CE	REMA- 24B. DATE	2	4c. NAME OF CEMETE		24b. LOCATIO		or county) (State)	
	BURIAL	11/21/5	0	ASBURY. CEN	1	CRISFIELD	143.		
DA LC	TE RECEIVED	BY REGISTRAR	SSISTA	thomas HIR	25. FUNERAL DIR	RECTOR	2	ADDRESS	
			8-	Series and independent of the series of the	Vim July	ii Sous	he 6	alto my	



-340 9917 BALTIMORE CITY HEALTH DEPARTMENT Registered No 9917 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 1. NAME (Type or Print) Williams 2. DATE OF Fredrick Heidel DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION ALTIMORE CITY HOSP. D. STREET ADDRESS (If rural, give location) Mos. gth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (In years WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. 00 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or forcign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, oven if retired) INDUSTRY WHAT COUNTRY? ENERATO 13. FATHER'S NAME SHIPYARL LOUIS 16. SOCIAL 17. INFORMANT ADDRESS ECURIT 18. CAUSE OF DEATH 22.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY rioschandie Cardiovascular LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Disease ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .....

15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) (Yes, no or unknown) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

218. PLACE OF INJURY (e.g., in or

about home, farm, factory, street, office bldg., etc.) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

NOT WHILE

21F. HOW DID INJURY OCCUR? AT WORK

22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes . accident . suicide . homicide . undetermined . 23B, CHIEF MEDICAL EXAMINER ..... 1 23c. DATE SIGNED

INJURY

MEDICAL INVESTIGATOR 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY TION, REMOVAL (Specify)

DATE RECEIVED BY LOCAL REGISTRAR V S 151

21A. EXTERNAL CAUSE WAS

UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.

> ADDRESS FUNERAL DIRECTO

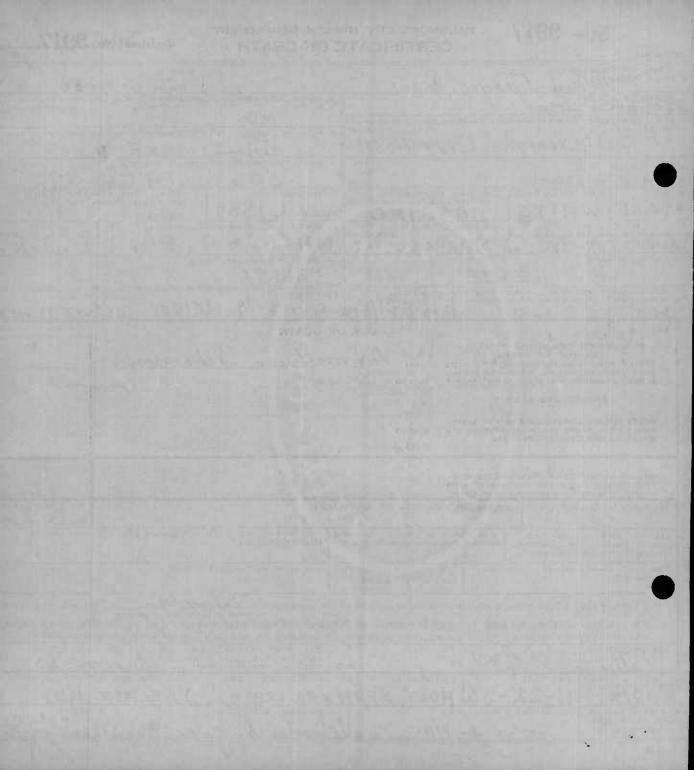
ASSISTANT MEDICAL EXAMINER ....

21c. WHERE DID

INJURY OCCUR?

YES

(If in Baltimore City, give exact location)

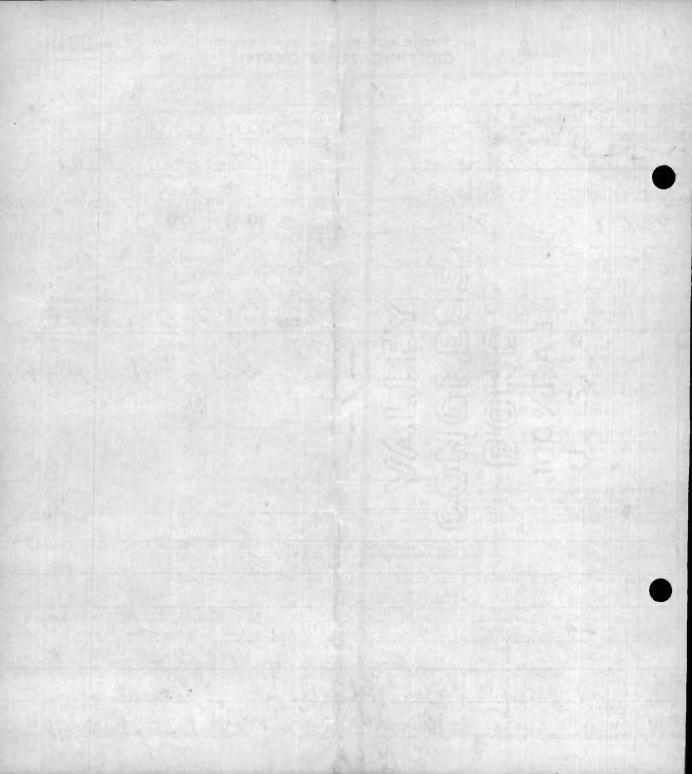


BALTIMORE CITY HEALTH DEPARTMENT 50- 9918 Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Lonnie Wilson DEATH LOW 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location be Mos. c. Length of stay in Baltimore Days 9. AGE (In years If Under I Year Hours Min. 6. COLOR OR RACE 7. SNIGLE, MARRIED WIDOWED DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12 CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTR Lechen -1166 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 10279no NTERVAL BETWEEN CAUSE OF DEATH 20.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Lerens DUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. ACCIDENT. SUICIDE. 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE 22. I hereby certify that I attended the deceased from May 9 . 1946, to nov. 17 , 1950, that I last saw the . 1950 . and that death occurred at 10:60 A.m., from the causes and on the date stated above, deceased alive on Aril7 23c. DATE SIGNED 238. ADDRESS

23A. SIGNATURE

ON, REMOVAL (Specify,

DATE RECEIVED 8Y REGISTRAR'S 25. FUNERAL DIRECTOR ADDRESS VS 150



20- 2213	B-240	9919
RTH NO.	RTH NO.	

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BI	RTH NO.	70- 3313		CERTIFICATI	E OF DEATH	Registered No	)	
	NAME OF D ype or Print)	Anthony	Baccal	la		OF NOV.	17 1950	
Α.	PLACE OF DE Baltimore C	City, Maryland	al or inetituti	on, give street address or	4. USUAL RESIDENCE (Where deceased lived, If institution; residence a STATE B. COUNTY before admission			
LJ C	SPITAL OP	ercy Hospit		location)				
100				Yrs. Mos.	D. STREET ADDRESS (If rural, give location)			
		tay in Baltimore		Days	107 S. High St.			
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  Male White Married					May 5th 1899		nder I Year II Under 24 Hours this Days Hours Min.	
		CUPATION (Give kind of f working life, even If retired)		of Business or INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY:			
13	FATHER'S N		00110	0.10.000.010.11	14. MOTHER'S MAIDEN N	AMF		
		rio Baccala			Marisantonia S			
15 (Ye	. WAS DECEASE	D EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	AD	DRESS	
(				SECORITI NO.	Lucia Baccala	(Wife) 107 S	High St.	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  (B)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?  21A. ACCIDENT, SUICIDE, About home, farm, factory, street, office bldg., etc.)  21B. PLACE OF INJURY (e. g., in or INJURY OCCURRED)  21F. HOW DID INJURY OCCUR?							20. AUTOPSY? YES NO X	
	22. I hereb deceased at 23A, SIGNA		ended the	and that death occur	Dop, 19, to red at 3:30 m., from t	the causes and on the	that I last saw the date stated above.	
TIC	A. BURIAL, ON REMOVAL (S BUTISI ATE RECEIVE DOCAL REGIST	Nov.2	st/50	Holy Redeen		430 Belair Flace 32	or county) / (State)  ADDRESS  2 S. High 2	
1	10/25416	350		5042	4	09	17 6	

REDITOR I COM TO PROPERTY. de a la restate de la finamenta para NS Frair Francis Molion 3005. High

FOR APPROUNT MED-EXAM 50- 9920 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Stagna 145,02. Yrs. D. STREET ADDRESS (If rural give location) Mos. c. Length of stay in Baltimore 1 en old Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 1 Year 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME OWNER 14. MOTHER'S MAIDEN NAME CONSTRUCTION PATE. 15, WAS DECEASED EVER IN U, S. ARMED FORCES 16. SOCIAL 17. INFORMANT (If yes, give war or dates of service) ADDRESS (Yes, no or unknown) SECURITY NO INTERVAL BETWEEN 18. 442X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (N) HYPERTENSIVE CARNIO heart failure, asthenia, etc. It means the disease. DUE TO UMSULAR REWAL DISEASE injury or complication which caused death.) ANTECEDENT CAUSES CERTIFICATION APPROVED BY (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OUF TO (C) ... SHEF OR ASST, MEDICAL EXAMINER 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from. . 19\_ 19\_\_. that I last saw the and that death occurred at 3:20 m., from the causes and on the date stated above, deceased alive on\_ 7. 19 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248, DATE 24c. NAME OF CEMETERY OR CREMATORY | 24c. LOCATION (City, town, or county) 21st/50 Meadow Ridge M. Park Washington Blrd. Balt. Md. Buria Nov. DATE RECEIVED BY 25 FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR pel 322 S. High St. 29024

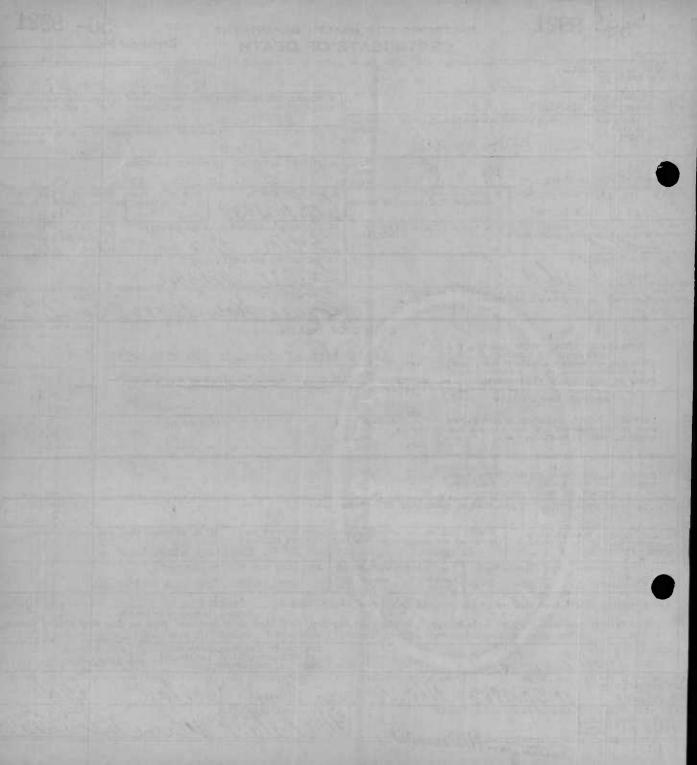
Ciry to a well of the first 10 3/ 11/2 lated and salely se 211 Then I carry the 2 22 00 15 New Some many ables or fe . B. . Then, and the contract of the state o المسالمة الرحانية الماء عد 11

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50- 9921

BIRTH NO.			CERTIFICAT	E OF DEATH	H	egistereu M	0	
1. NAME OF I (Type or Print)		EON	SMITH		2. DAT OF DEA	N7	ber 17, 1950	
3. PLACE OF I A. Baltimore B. FULL NAME	City, Maryland	alor instituti	on, give street address or	4. USUAL RESIDE A. STATE Mary	NCE (Where dece			
HOSPITAL OR	Franklin Squ		location)	C. CITY OR TOWN		rporate limits,	write RURAL and give township	
c. Sigth of	stay in Baltimore		Yrs. Mos. Days	o. STREET ADDRE	ss (If rural, give N. Carlton			
5.sex Male	6.COLOR OR RACE	7. SINGLE WIDOW	. MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE	(In years) It	Jader 1 Year If Under 24 Hours ths Days Hours Min.	
OA, USUAL OC ork done doring mou	CCUPATION (Give kind of of working life, even if retired)	108, KIND	OF BUSINESS OR INDUSTRY	Bally,	<u> </u>	ntry)	12. CITIZEN OF	
13. FATHER'S		6.		14. MOTHER'S MAI	William	1		
15. WAS DECEAS Yes, no of hut nown)	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. HNFORMANT	Holmes	1169	Con 102	
DISEASE RISE TO UNDERL	ASE OR CONDITION LEADING TO DEA' se not mean the mode of lure, asthenia, etc. It mean complication which of ANTECEDENT CAUSE ES OR CONDITIONS, I. THE ABOVE CAUSE (A) LYING CONDITION LA	TH of dying, e. g ns the disease aused death SES  F ANY, GIVIN STATING TH	G OUE TO (C)  Aspir	of DEATH ation of fore	************************	al with	ONSET AND OEATI	
TO THE C	OF OPERATION	CAUSING IT		ATION			20. AUTOPSY7	
UNDERLYIN	NAL CAUSE WAS NG M OR CONTRIB- CAUSE OF DEATH.	about bome, fo	CE OF INJURY (e.g., in 1rm, factory, street, office bldg., e USE	6.) INJURY OCCUP	(If in Balti Parlton Str		ve exact location)	
210. TIME WJURY OVEM	210. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?  INJURY OVEMber 17, 1950 ? m. WHILE AT WORK X ASPIRATED							
the ev	22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry the cvidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day and death in my opinion resulted from: natural eauses $\Box$ , accident $\Box$ , suicide $\Box$ , homicide $\Box$ , undeter							
24A. BURIAL.	CREMA-1 24B. DATE	1950	4c NAME OF CEMETE	D. MEDICAL INVE	DICAL EXAMINE	R. No	v. 18, 1950	
DATE RECEIVE	ED BY REGISTRAR	S SIGNATU	RE/	25 FUNERAL DIRE	ector HAM	and H	ADDRESS 329	

VS 151 N-934. State of Williams H. Milliams H. Schroes



c. A neth of stay in Baltimore

10A. USUAL OCCUPATION (Give kind of

work done during most of working life, even if retired)

Leonard

13. FATHER'S NAME

6. COLOR OR RACE

4. USUAL RESIDENCE (Where deceased lived. If institution : residence before admission) (If outside corporate limits, write RURAL and give mare Yrs. o. STREET ADDRESS (If rural, give location) Mos. Days 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years) If Under 1 Year If Under 24 Hours last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) Murre 108. KIND OF BUSINESS OR 12, CITIZEN OF 11. BIRTHPLACE (State or foreign country) INDUSTR WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. Johns Ropkies Rospital INTERVAL BETWEEN CAUSE OF DEATH

(Yes, no or unknown) 18. ONSET AND GEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ...... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER-21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?

LYING OR CONTRIBUTING CAUSE OF DEATH 10. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR?

INJURY NOT WHILE WHILE AT WORK 11-17, 1950, that I last saw the 1950 to 22. I hereby certify that I attended the deceased from.

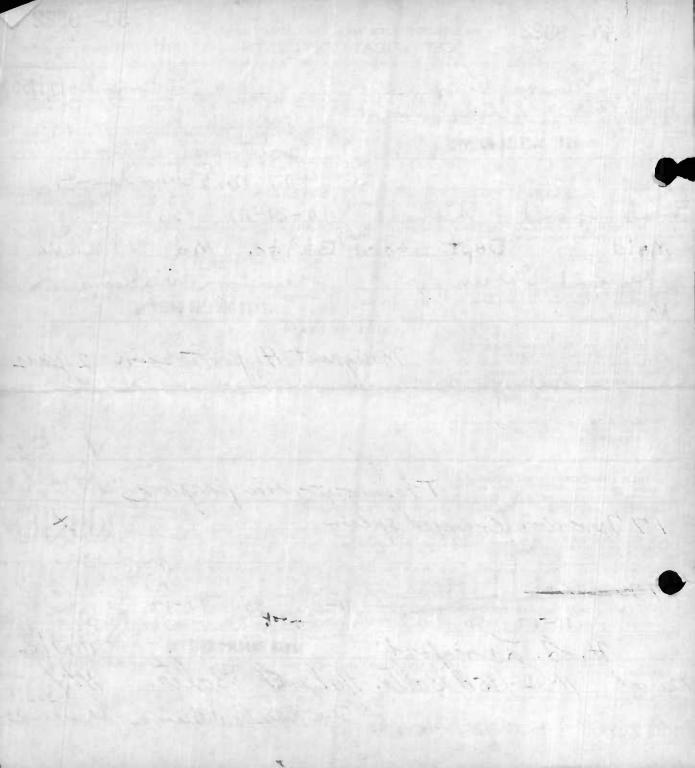
4.46 Rm., from the causes and on the date stated above. deceased alive on 11-17, 1950, and that death occurred at 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE

40 LOCATION City, town, or county) (State) 24A. BURIAL, CREMA-24B, DATE 24C NAME OF CEMETERY OR CREMATORY

DATE RECEIVED BY LOCAL REGISTRAR

7316C

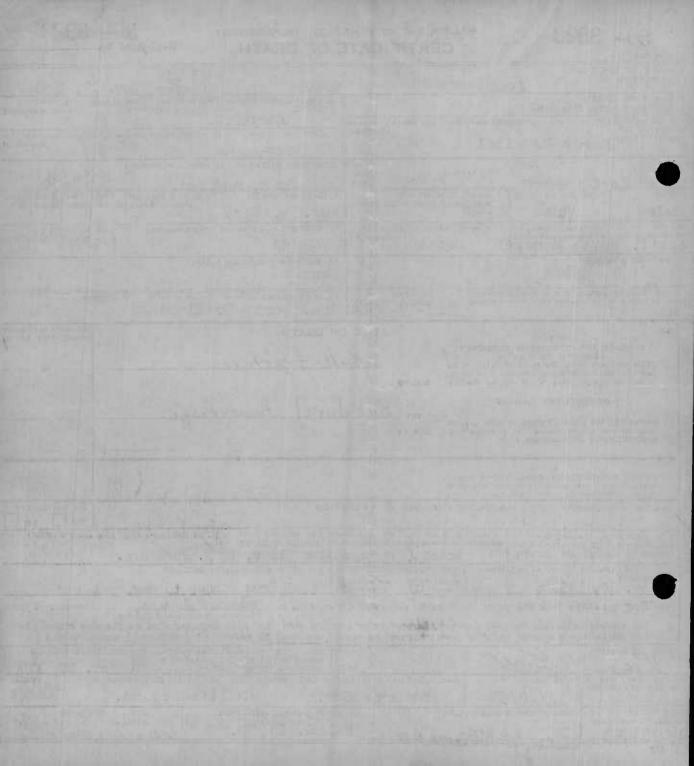
YES X



511-	9923			HEALTH DEPAR				0000	
BIRTH NO.			CERTIFICA'	TE OF DEAT	H	Register	ed No		
1. NAME OF D (Type or Print)	ECEASED					2. DATE			
		MES		NOWAK		OF DEATH N	ov. 1'	7, 1950	
A. Baltimore C	EATH: City, Maryland			4. USUAL RESID	ENCE (WI	here deceased live	d. If instit	tution : residen before admi	ce
B. FULL NAME		al or instituti	on, give street address	or Mary	rland	5. 555111		belore aumi	201011
HOSPITAL OR	Mercy Hosp:	1+07	locatio	c. CITY OR TOW	N (If o	outside corporate	limits, wri	ite RURAL an	d giv
3.7	Mercy nosp.	r car		Balti		4	0		quita
Contract of		37	yrs. Mos				,		
5. SEX	tay in Baltimore		Day MARRIED.	8 1 12 N	Park	Ave.  9. AGE (In year last birthday)	s It Under	1 Vana   Milleday 0	A 11
Male	White	w Ydow	ED DIVORCED (Speci	Aug. 4, 1	.895	55	Months	Days Hours	Min.
ASS t. H	CUPATION (Give kind of f working life, even if retired) otel Manage	108. KIND	of BUSINESS OR INDUSTR	Poland	(State or for	eign country)	12. (U)	CITIZEN OF	ITRY
13. FATHER'S N	, Nowak			14. MOTHER'S MA	AIDEN NA	ME			
15. WAS DECEASE Yee, no nr unknown) NO	D EVER IN U. S. ARMEI (If yee, give war or date	FORCES?	16. SOCIAL 217-07-898	17. INFORMANT				ess 12	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  CAUSE OF DEATH  SHALL FYARTURE  (A) SHALL FYARTURE  (B) Sub duval Hemogyphage  DUE TO								INTERVAL BET	
TRIBUTING TO THE DI	II IGNIFICANT CONDI TO THE DEATH, BUT SEASE OR CONDITION F OPERATION   1	NOT RELATED	D	RATION				20. AUTOPS	Y7
								YES NO	
21A. EXTERN UNDERLYING UTING C	AL CAUSE WAS GOT OR CONTRIB- AUSE OF DEATH.	about home, fo	CE OF INJURY (e.g. com, factory, street, office bldg otel (Fairno	.,etc.) INJURY OCCL	JR7	in Baltimore Ci Park Av		xact location)	
210. TIME (I	Month) (Day) (Year)		TE. INJURY OCCUR	RED 21F. HOW DIE					
lov. 1	7, 1950 6	P m.   w	HILE AT WORK AT WORK	Fell fro	m wind	ow to pav	ement		
the evic	y that I took char dence obtained by ath in my opinion	said Autor	psy, Inspection or	above, held an Inquiry, find that es □, accident ▼,	said dec	eased died or	ii <del>ry</del> 1 the da	ereon and .  y stated a cermined $\square$	bove
William VIII	un / Fora	4		238. CHIEF M. ASSISTANT M.D. MEDICAL INV	EDICAL EX EDICAL EX ESTIGATO	XAMINER 🖸	NOV.	TE SIGNED	
24A. BURIAL. C	REMA- 248. DATE	2	4c. NAME OF CEMET	ERY OR CREMATORY	24D. LO	CATION (City, to			tate)
buria	21   11/20/		Baltimore			lmore, M			
DATE RECEIVED		S SIGNATUI	RE	HEN BY ESAND	ER	SONS IN	CAADE	DRESS	11

N-803.24 Millians, M. BALTO. , 13, MD. 1

Sentt Handle



50- 9924 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased live). If institution: residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) f outside corporate limits, write RURAL and give NSTITUTION Yrs. (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE on year: If linder | Year | Il Under 24 Hours | last Hirthday) | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify) SUAL OCCUPATION (Give kind of JOB. KIND OF BUSINESS OR INDUST 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF INDUSTRY WHAT COUNTRY? FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (es, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. INTERVAL BETWEEN 422,1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cardiac decompensation (This does not mean the mode of dying, e.g., 6 mos. heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Cardiac hypertrophy OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED generalized arterioscle rosis sev yrs TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? 10. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE! WHILE AT , 150, to 11-29 , 1950, that I last saw the 22. I hereby certify that I attended the deceased from 1-1950 and that death occurred at 4:30 m., from the causes and on the date stated above. deceased alive on 11-17 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 2431 MARYLAND AVENUE BALTO 1811-20-50 BURIAL, CREMA-REMOVAL (Specify) 24B. DATE al DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR

VS 150

Ar Cook.

		ALTH DEPARTMENT		- 3323
BIRTH NO.	CERTIFICATE	E OF DEATH	Registered 1	NO
1. NAME OF DECEASED (Type or Print)	73 7 7	1	2. DATE OF MOST	20 2050
(Type or Print) Marshall O':	rerrell Teal		DEATH NOV	
A. Baltimore City, Maryland		4. USUAL RESIDENCE (	B. COUNTY	before admission)
B. FULL NAME OF (If not in hospital or institution HOSPITAL OR	on, give street address or location)	Md.	foutside germanate limit	s, write RURAL and give
3112 Gwynns Falls	,		) and	s, write RURAL and give township)
70	Yrs.	Baltimor		2/
c. Length of stay in Baltimore	Mos. Days	3112 Gwynns		way
	, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years   I	t Under I Year   If Under 24 Hours on the Days   Hours   Min.
Male   White   Marr	A 10	June 7.1883	67	onths Days Hours will.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OF BUSINESS OR	11. BIRTHPLACE (State or 1	foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Captain Balbo. Cit		. Va.		WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
John E. Teabo	APPEAR TO THE REAL PROPERTY.	Rosa M. Toohe	y	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL	17. INFORMANT	A	DDRESS
(	SECURITY NO.	Mes.Catherine	Teabo 3112	Gwynns Fall
18. F 9/2 X	CALISE	OF DEATH	Prkwa	
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	(0	rebral Enel	elus-	5 min.
(This does not mean the mode of dying, e. g heart failure, asthenia, etc. It means the disease				J min.
injury or complication which caused death.	) DUE TO			
ANTECEDENT CAUSES	01	. 00-	100	
Z	(B) Clu	oric edence	- gregs	· 3yrs
O DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING TH	G E DUE TO			
UNDERLYING CONDITION LAST.	00	1	1 -	.,
	(c) Old	malunisted f	ractived Til	dio 3 yrs
OTHER SIGNIFICANT CONDITIONS CON				
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	D Madri	ta		
19A. DATE OF OPERATION 19B. MAJOR		ATION		20. AUTOPSY?
V O				YES NO
	CE OF INJURY (e.g., in		(If in Baltimore City,	give exact location)
HOMICIDE (Specify) about home, fa	rm, factory, street, office bldg., e	itc.) INJURY OCCUR?		
	TE. INJURY OCCURRE	ED 21F. HOW DID INJUR	Y OCCUR?	
NJURY	HILE AT NOT WHILE			
m.	WORK AT WORK	Thurs on I	101 10 8	2)
22. I hereby certify that I attended the		1950, to V		, that I last saw the
deceased alive on NOV 19, 1950.			the causes and on t	
23A SIGNATURE	2	2835 July 4457	Lee OV.	23c. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 2	M. D.	RY OR CREMATORY 24D. I		
TION, REMOVAL (Specify)				
	Holy Redeeme		Baltimore,	Md.
DATE RECEIVED BY REGISTRAR'S SIGNATU	RE	25. FUNERAL DIRECTOR		ADDRESS
404001050 Thurtington	Miane, Mil	G. Howard Stron	g 3207 W. No	orth Ave.,
NO 150 , THE	THE C			
N-823.1	162 9	3	0	834

\* Dame RRobinson 28 35 6 Pokery 13-76-31 10-1-05-127 

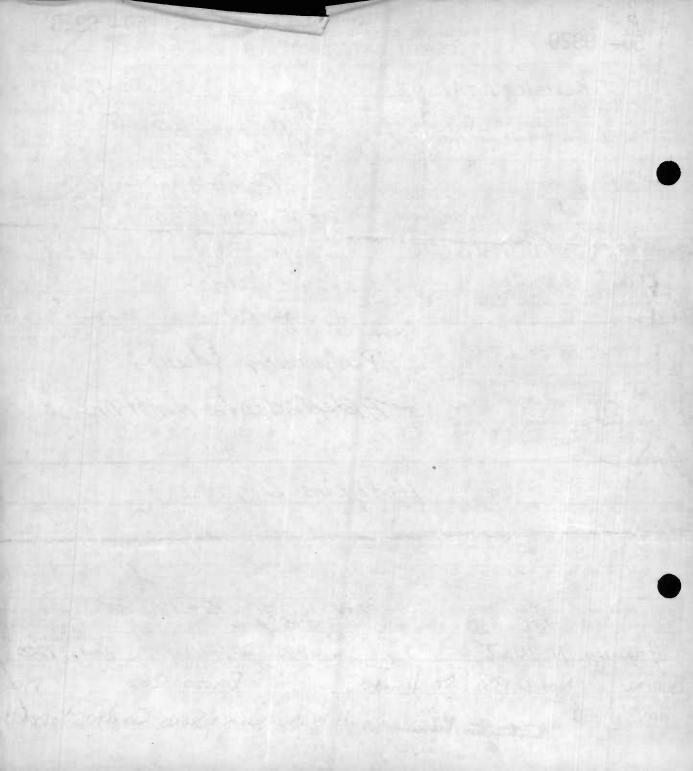
K-650 BIRTH NO.

50- 9926 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Kearsley Kearney OF DEATH NOV-18 1957 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR Union Memorial Hoskita C. CITY OR TOWN (If outside corporate limits, write RURAL and give township Yrs. (If rural, give location) D. STREET ADDRESS Mos. blen aron c. Leigth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) If Under | Year 8. DATE OF BIRTH WIDOWED, DIVORGED (Specify) last birthday) Months; Days Hours: Min. Manued IOA. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY work done during most of working life, eyeo if retired) WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or uokoown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or uokoown) SECURITY NO. Lachroner 18. CAUSE OF INTERVAL BETWEEN 420,0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) ABTERIOSCIERTIC XEART DISEASE ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 2 IF. HOW DID INJURY OCCUR? WHILE AT NOT WHILE! AT WORK WORK 22. I hereby certify that I attended the deceased from Rov. 11, 150 to Nov. 18, 1950 that I last saw the , 195D. and that death occurred at 2:05 Pm., from the causes and on the date stated above. deceased alive on how. 18 23A SIGNATURE 23B. ADDRESS 23c. DATE SIGNED Trauers 24c. NAME OF CEMETERY OR CREMATORY

4A. BURIAL, CREMA-ION, REMOVAL (Specify)

BALTO. CO. 57. JOHNS DATE RECEIVED BY 25. FUNERAL DIRECTOR

ADDRESS

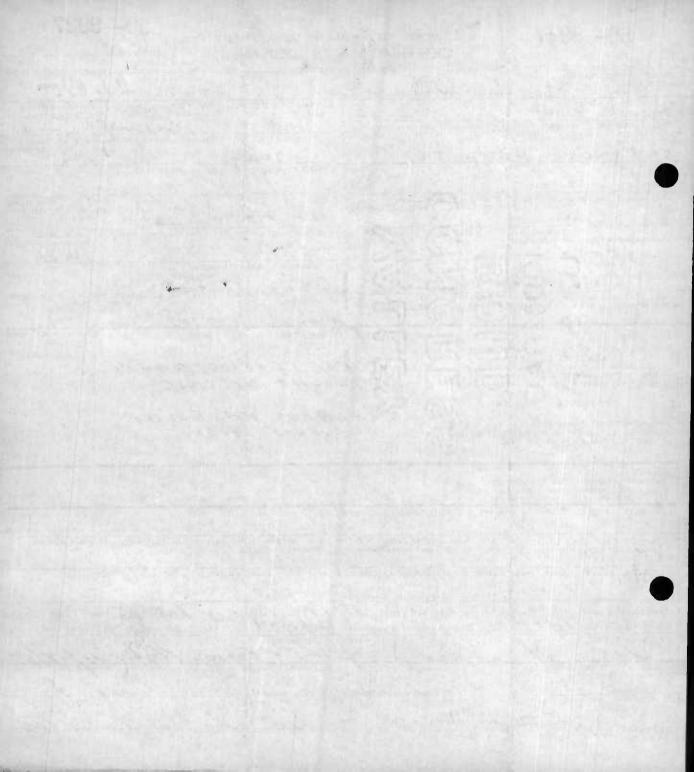


## BALTIMORE CITY HEALTH DEPARTMENT

50- 9927

3

Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Flora wood. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Transfer ! Md HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION St. 9 gnes D. STREET ADDRESS (If rural, give location) Yrs. Mos. ngth of stay in Baltimore Days 5. SFX 6. COLOR OR RACE 7. SINGLE MARRIED 8. DATE OF BIRTH If Under I Year If Under 24 Hours 9. AGE (In years last birthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Specify) 12-26-94 Married 1555 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork dooe during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Ma 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Golds boro. A 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or uokoown) (If yes, give war or dates of service) SECURITY NO. 18. NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH W HYPERTENSIVE CARDIS (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO MASCULAR DISEASE injury or complication which caused death.) ANTECEDENT CAUSES (B) CEREBBAL VASCOLAR DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO ACCIDENT RIGHT RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20, AUTOPSY VES 21B. PLACE OF INJURY (e. g., io or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID LYING OR CONTRIBUTING CAUSE OF DEATH about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NJURY NOT WHILE WHILE AT AT WORK 22. I hereby certify that I attended the deceased from\_ 11/18 , 1960, to 11 /18, 1960, that I last saw the , 19 60, and that death occurred at 6 iso m., from the causes and on the date stated above, deceased alive on 11/18 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A, BURIAL, CREMA-ION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY Meadowredge / Kem ! an angland DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS OCAL REGISTRAR



## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50- 9928

Registered No. BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE Lizabeth DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give 304 S. Payson S 15ALTIMORE p. STREET ADDRESS (If rural, give location) Yrs. Mos. TAUSON c. Length of stay in Baltimore Days 9. AGE (In years If Under 1 Year last birthday) Months Days Hours Min. 5. SEXA 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH rEb.10,1869 Widow 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY MOUSEWIFE Domestie 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORGES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO. No NONE MRS. GEO. WEAVER 304 S. PAYSON J VONE 18. 416X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It mcans the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE QUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY1 Lone 21A. ACCIDENT, SUICIDE, 21c. WHERE DID 21B. PLACE OF INJURY (e.g., in or | (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY NOT WHILE! . 19 Voto 19 that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on\_///9 . 19 50, and that death occurred at\_ m., from the causes and on the date stated above.

23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24C, NAME OF CEMETERY OR CREMATORY

BALTIMORE BURIAL NEW NOU. 22, 1950 DATE RECEIVED BY REGISTRAR'S SIGNATURE

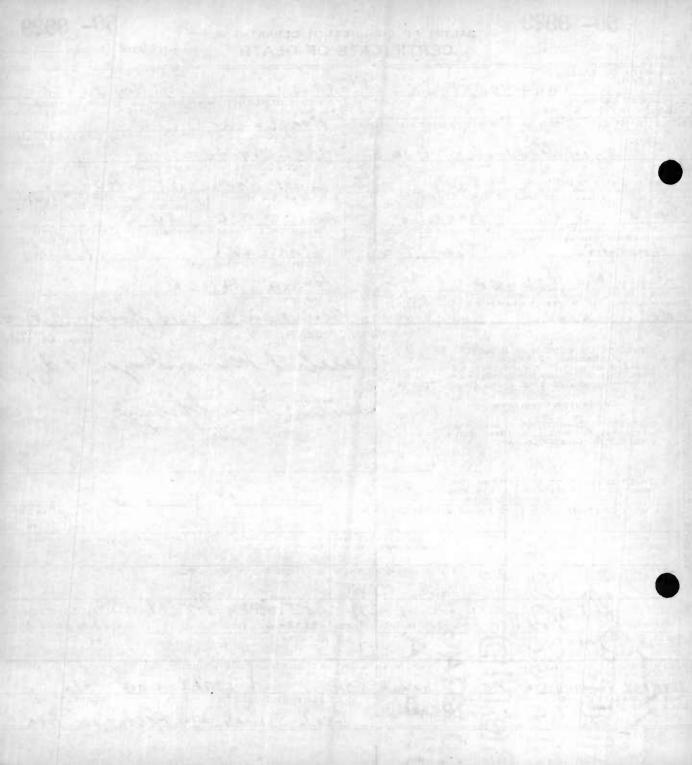
LOCAL REGISTRAR 2101 FREDERICK AUG

VS 150 The solution the product of

PARTIES AND A STATE OF STATE O

50\_ 9000

6	20	30 00.00	BAL	TIMORE CITY H	EALTH DEPARTMENT		- 0020
BIF	TH NO.			CERTIFICAT	E OF DEATH	Registered N	Vo
1. 1	NAME OF I	DECEASED.	_			2. DATE	
(Ту	pe or Print)	(1	GERT	tand - N	A P P . S	OF A!	22 16
	LACE OF I		GERI	RUGE IV	A. USUAL RESIDENCE		institution; residence
	Saltimore	City, Maryland	al on in stitut	iam mina aku ak a 1 ta	A. STATE	B. COUNTY	before admission)
HO	SPITAL OR	OF (II not in nospit	al or institut	ion, give atreet address o		If outside corporate limit	s, write RURAL and give
INS	MOITUTION	211.11 18-	1 . 1.	1 1	1 -1 1 1 .	9) 1	township)
		414 MED	ERICK	HUE Yrs.	D. STREET ADDRESS (1	f rural, give location)	9-7
C.	ength of	stay in Baltimore	4.	FE Mos.	.0	LERICK A	106
5. 5	EX	6. COLOR OR RACE		E, MARRIED,	8. DATE OF BIRTH	9. AGE (In years	Under 1 Year   If Under 24 Hours
FE	MALE	white		RRIE d	April 5 1866	last birthday) Mo	nths Days Hours Min.
10A	. USUAL O	CCUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
vork d	11	t of working life, even if retired)	-	INDUSTRY	Maril		WHAT COUNTRY?
13.	FATHER'S		1/0	MESTIC	MARYLAND		U. S. H.
	TI	MA MI			14. MOTHER'S MAIDEN I	NAME	
-	Vohn	M. FELG	ER		Huna A	MEN	
15. (Yes,	mas Deceas	ED EVER IN U.S. ARME	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
	Vo	NONE		NONE	GEORGE NORRIS SA	2414 Fred	ERICK AUE.
	18. //			CAUSE	OF DEATH		INTERVAL BETWEEN
	71	SE OR CONDITION	DIDECTIV	GROSE	//	1	ONSET AND DEATH
		LEADING TO DEA	TH		and bear		11
119	(This doe	es not mean the mode oure, asthenia, etc. It mea	of dying, e. g	g., (A)	mary / w	nony	alle
	injury or	r complication which	caused death	i.) DUE TO			
		ANTECEDENT CAUS	SES	1		00	
Z		ATTECEDENT OAG		(B)	relied more	your	
0		S OR CONDITIONS, 1		NG			
A	UNDERL	THE ABOVE CAUSE (A)	AST.	1E DOE 10			
2							
		11		(C)			
0.	OTHER	SIGNIFICANT COND	ITIONS CON	4-			
빙		IG TO THE DEATH, BUT DISEASE OR CONDITION			***************************************		
	19A. DATE	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPE	RATION		20. AUTOPSY?
₹							YES NO
	21A. ACCID HOMICIDE	ENT, SUICIDE, (Specify)	218. PLA	CE OF INJURY (e. g.,	in or 21c. WHERE DID	(If in Baltimore City, g	ive exact location)
Ш	HOMICIDE	(Specify)	about nome,	arm, factory, street, office bldg.,	INJURY OCCUR?		
Σ  -	21p. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURE	RED 21F. HOW DID INJUR	RY OCCUR?	
	INJURY			WHILE AT NOT WHILE			
-			m.	WORK AT WORK		2 110	-4
	22. I herel	by certify that I att	ended the	deceased from	, 1950 to		, that I last saw the
	dcceased a	live on Avel	1950	and that death occu	rred at 6:3 . Am., from	the causes and on th	ne date stated above,
	23A. SIGNA	TURE		1	23B. ADDRESS	7 2 1	23c. DATE SIGNED
	m	aken 140	sica	M. D.	142 .6	Herende	3
24	. BURIAL,	CREMA- 248. DATE	1	24c. NAME OF CEMETI	ERY OR CREMATORY   24D.	LOCATION (City, town,	or county) (State)
and the same of	REMOVAL	4.3	1000	1 P	104	BALTINONE.	11-1
	HAIA L	Nou, 22			ARK   C		ADDRESS
	AL REGIS	TRAR	Dadon	Villages Hya			, ADDITECTOR
	2401	1050	water.	المرابا والمرابعة	GEO. L. SchWAb	2101 FREDE	RICK ADE
11	VS 130			the particular			,
							0976



BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE	E OF DEATH Registered No.
BIRTH NO.	
(Type or Print) Frank Rosenbe	2. DATE 1/18/10 a. M.
3. PLACE OF DEATH:  A. Baltimore City, Maryland	A. STATE  B. COUNTY  B. COUNTY  B. COUNTY  B. COUNTY  B. COUNTY
B. FULL NAME OF (If not in hospital or institution, give street address or	Md.
HOSPITAL OR location	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
630 Futman Work	321/0 9-08 (OWISHIP)
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Days	630 Futman Uvr
Male White Married, WIDOWED, DIVORGED (Specify)	8. DATE OF BIRTH  9. AGE (In years   fi Under 1 Year   Months Days   Hours Min.
OA USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY)	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
arpeuler Will Work	Balto, md, WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Vohu Rosenbergoer	Un Knowa
(5. WAS DECEASED EVER IN U, S. ARMED FORCES?   16. SOCIAL. (6. no or unknown) (If yes, give war or dates of service)   SECURITY NO.	17. INFORMANT ADDRESS
(11 yes, give war or dates of service) SECURITY NO.	Togeth F. Rosemberger Gesteran ave
18. / CAUSE C	OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g.,	enome of fland mently.
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	ATION   20. AUTOPSY?
Carcino	1 Storness YES NO M
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., Manual Control of the Contr	or   21c. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING   about home, farm, factory, etreet, office bldg. To	INJURY OCCURY
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	D 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE	
	in 1, 149, to 11/18, 1950, that I last saw the
deceased alive or 1/8, 167, and that death decur	
	38. ADDRESS 23c. DATE SIGNED
Telace Trollers M.D.	5103 Harbred Pol 11/ 20 150
24A. BURIAL, CREMA- 24B. DATE 24C NAME OF CEMETER	RY OF CREMATORY 245 LOCATION (City, town, or county) (State)
Burial 1/21/50 / Holy RE	desmer Salto. Md.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
NOV 21 1950 Turtuston Milliams, Milliams, Milliams, Milliams	Wall Cook Sac. 1217 St. Paul of
VS 150	
5103	0466

Encurement through trade La selection of process. 118 24 March 18 Elect Files to the file of the form

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No 1. NAME OF DECEASED 2. DATE Nov. 20, 1950 (Type or Print) ELMO MARSHALL OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland US Marine Hospital or institution, give street address or US Marine Hospital location) B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN Chesapeake City Wyman Pk. Drive & 31st St. D. STREET ADDRESS (If rural, give location) Yrs. 14 days Mos. Length of stay in Baltimore Davs 5. SEX 6. COLOR DR RACE 7. SINGLE, MARRIED. If Under 1 Year 8. DATE OF BIRTH 9. AGE (In years) If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours; Min. Married 108. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Deckhand USA Seafarer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wm. J. Marshall Elizabeth Lewis 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Records- US Marine Hospital, Balto, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Carcinoma of the rectum with (This does not mean the mode of dying, e.g., Unknown heart failure, asthenia, etc. It means the disease, abdominal metastases injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Pulmonary infarction right lower Unlonown DISEASES OR CONDITIONS, IF ANY, GIVING lobe RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION 20. AUTOPSY VES X 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE (Specify) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT 22. I hereby certify that I attended the deceased from Nov. 6, 1950, to Nov. 20, 1950 that I last saw the deceased alive on Nov. 20 19 50 and that death occurred at 5:10Am., from the causes and on the date stated above, John L. Wilson, Medical Director 23B. ADDRESS 23C. DATE SIGNED US Marine Hospital, Balto Md. M. D. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Bura'a 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAN SINNA LOCAL REGISTRAR

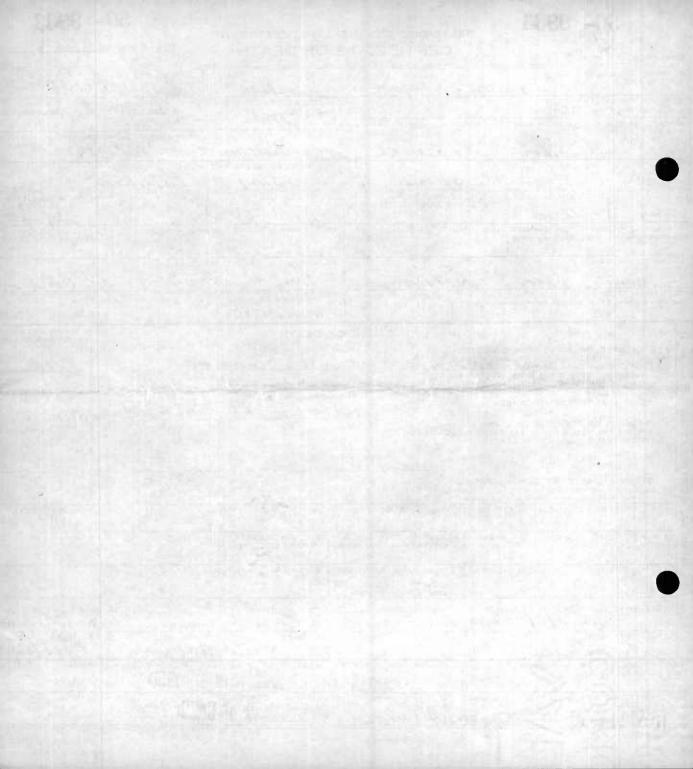
			BRAR
	for función		
	VIII chemina		
	40 17 174	Level 1 av	- 1
211		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	an Alan D
	THE MALL IN SURVEY		
			(7) F
	place with a track that		
			and the second s
			¥
Z			We have the second of the second of
			) * · · · · · · · · · · · · · · · · · ·
	03 00 00 00 00 00 00 00 00 00 00 00 00 0	7 <i>A</i>	Ua • Nul
	0° 0°	7 <i>A</i>	Ua • No. 1

ES-143229 50- 9932 BRITH NO.	BALTIMORE CITY HE	EALTH DEPARTMENT E OF DEATH	50 Registered No	9932
1. NAME OF DECEASED (Type or Print) John Maaseomrae	l (John Massabon	nell)	2. DATE OF DEATH 11-	-10-50
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL, NAME OF (If not in hospital or in: HOSPITAL OR	stitution, give street address or	4. USUAL RESIDENCE (W A. STATE Maryland	There deceased lived, If in B. COUNTY	before admission)
Baltimore Cit	y Hospitals	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  Baltimore 2-03		
c. Length of stay in Baltimore	Yrs. Mos. Days	o. street address (If ) 901 Fell Str	eet.	
	NGLE, MARRIED, DOWER, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years Monday)	nder 1 Year If Under 24 Hours the Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
15. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no or unknown) (If yes, give war ur dates of service)	SECURITY NO.	17. INFORMANT Records* Balto.	City Hospital	DRES\$1940 Ls Eastern Av.
DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying heart failure, asthenia, etc. It means the cinjury or complication which caused ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	48 hrs.			
U L L L L L L L L L L L L L L L L L L L	CON-	tive Endocarditis		Unknown
194 DATE OF OPERATION 198 MA	JOR FINDINGS OF OPER	ATION		20. AUTOPSY?
HOMICIDE (Specify) about	. PLACE OF INJURY (e. g., in nome, farm, factory, street, office bldg., e	etc.) INJURY OCCUR?	f in Baltimore City, giv	ve exact location)
INJURY (Month) (Day) (Year) (Hour)	MHILE AT NOT WHILE			
22. I hereby certify that Lattended, deceased alive on 19-23A. SIGNATURE	12	red at 7:3%, From the 3s. Address 4946 East Baltimore City Hos	he causes and on the	that I last saw the date stated above.  23c. DATE SIGNED  11-20-50
24A. BURIAL, CREMA- TION, REMOVAL (Specify)  DATE RECEIVED BY LOCAL REGISTRANS SIGN	24C. NAME OF CEMETE		eman (bity, town, o	county) (State)
NOV 2 1 950   human	or Williams Miss	John J. Fale	y Sous, 13	093d

THE PROPERTY OF STREET STREET, STREET,

50- 9933

D ED	) - 3333	ВА	LTIMORE CITY HE	EALTH DEPARTMENT		- 0000
KO G	. 211.111		CERTIFICATI		Registered N	0
	0-24416		OLIVIII TOTAL	- OI DEXIII	· · · · · · · · · · · · · · · · · · ·	
1. NAME OF (Type or Print)		nale	Tolor	lasters	2. DATE OF	11/50
3. PLACE OF		Mare	Infant	4. USUAL RESIDENCE	DEATH (Where deceased lived If	institution: revidence
A. Baltimore	City, Maryland			A. STATE md.	B. COUNTY	before admission)
B. FULL NAME	OF (If not in hos	pital or institu	tion, give street address or location)		16	
INSTITUTION	0 .		11	// '	If outside corporate limits	s, write RURAL and give township)
2.02	Frouden		Yr.	12airmo		(1) (1)
T. Was		06	Mda Mda	D. STREET ADDRESS (I	. 11 1 1 .	
5. SEX	stay in Baltimore		E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	H-J-3 V ( 42 21 4 84 8)
,	U. COLOR OR RAC		VED, DIVORCED (Specify)			tader 1 Year II Under 24 Hours nths Days Hours Min.
male	Negro	1		11-10-50		9 34
work doos during mos	tof working life, even if retir	dof 10B. KINI ed)	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
				Baito mo		
13. FATHER'S	NAME			14. MOTHER'S MAIDEN		A
Jame	w Henry		ckson	Pauline ;	maitheurs.	2117 Palasti St.
15. WAS DECEAS	SED EVER IN U. S. ARM	MED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	AL	DDRESS
			SECONTIT NO.	mother	~	
18. 76	6.5		CAUSE	OF DEATH		INTERVAL BETWEEN
	ASE OR CONDITION	N DIRECTI Y		2		ONSET AND DEATH
	LEADING TO DE	EATH	(1	ningtuni	4	500
heart fail	lure, asthenia, etc. It n	neans the disea	se,			0
injury o.	r complication which	caused deat	h.) DUE TO			
7	ANTECEDENT CA	USES	1/2	her but	- infection	3 / 1
O DISEASI	ES OR CONDITIONS	F ANY, GIVE	(B)Ob			J. 7. Chang.
RISE TO	THE ABOVE CAUSE (	A) STATING T	HE DUE TO			10
U						
C OTHER	11		(C)			
	SIGNIFICANT CON					
U TO THE	DISEASE OR CONDITI	ON CAUSING	IT		***************************************	
J 19A. DATE	OF OPERATION	19B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
O 314 ACCIE	THE CHICKE	1 01- 51	105 05 IN IUDY (	Loss Waters Die	de la Dalkiana Cia	YES NO
HOMICIDE	Specify)		ACE OF INJURY (e. g., in farm,factory,street,office bldg., e		(If in Baltimore City, g	ive exact location)
Σ	(Month) (Day) (Yes	ari (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUF	RY OCCUR?	
INJURY			WHILE AT NOT WHILE			
		m.	WORK AT WORK			
22. I here	by certify that In	ittended the	deceased from	red at 7 m., from 3B. ADDRESS	/// , 19 4	that I last saw the
deceased of	ilive on "/"	, 1950,	and that death occur	red at 7 A. m., from	the causes and on the	
23A. SIGNA	TURE	1	2		This lun	23c. DATE SIGNED
-	Louis	fore	M. D.	100 Duced	LOCATION (City, town,	or county) (State)
24A. BURIAL, TION, REMOVAL (	Specify) 24B. DATE	/	24C NAME OF CEMETE	RY OR CREMATORY 24D.	1 1 7 1950	or county) (state)
			JUAN FUP	MUP WEREYT PRUPART IA O A		
LOCAL REGIS	TRAR_	R'S SIGNATI	14/11 1	25. FUNERAL DIRECTOR		ADDRESS
NOV 2	1 1950	theytor	/ Humile Miss	Camissioner of	ITATION	
VS 150		111	The state of the s			1 -0



21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

AT WORK

22. I hereby certify that I/attended the deceased from.

deceased alige on 11/15, 19 VO and that death occurred the me iron

24A. BURIAL, CREMA

TION, REMOVAL (Specify

24c. NAME OF CEMETER

A.m., from the eauses and on the date stated above.

21F. HOW DID INJURY OCCUR?

, 190, that I last saw the

23C. DATE SIGNED

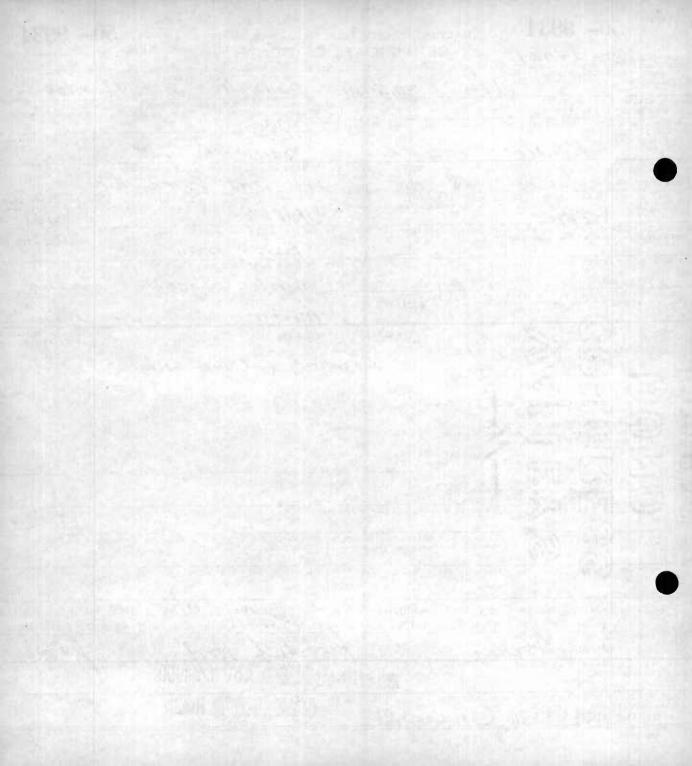
DATE RECEIVED BY LOCAL REGISTRAR

INJURY

REGISTRAR'S SIGNATURE akor

ADDRESS

VS 150



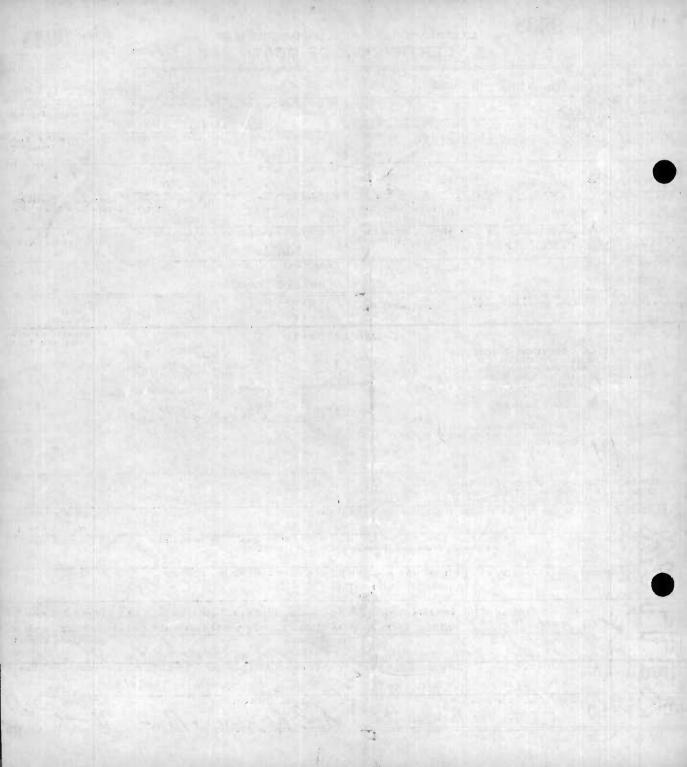
246 50- 9935

BIRTH NO.

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50- 9935 Registered No.

1. NAME OF OECEASED (Type or Print) Samuel	Kesler		2. DATE OF OEATH November 21,1950
3. PLACE OF DEATH:  A. Baltimore City, Maryland		4. USUAL RESIDENCE (V	Vhere deceased lived. If institution; residence B. COUNTY before admission
B. FULL NAME OF (If not in hospita	d or institution, give street addres	sor Marylan	
HOSPITAL OR 3659 Park	cHeights Ave locati	C. CITT OR TOWN	outside corporate limits, write RURAL and give
00		Baltimore	10
	OF Was Me		
c. Length of stay in Baltimore  5. SEX [6.COLOR OF RACE]	27 Yrs Da	3659 ParkHeigh	11 US AVE 9. AGE (In years   N Under 1 Year   H Under 24 Hours
Male White	WIDOWED, DIVORCEO (Spe	oct 18,1884	last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) Retired Grocer Busines	108. KINO OF BUSINESS OR	11. BIRTHPLACE (State or for Russia	oreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME
Norman Kesler		Bessie Schuster	r
15. WAS DECEASED EVER IN U.S. ARMED Yea, no or onknown) (If yes, give war or dates	FORCES? 16. SOCIAL SECURITY NO	D. 17. INFORMANT	ADDRESS 659 ParkHeights Ave
DISEASE OR CONDITION E LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mear injury or complication which es  ANTECEDENT CAUS  DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAST	if dying, e. g., (A)	ces che Eans	
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT I	TIONS CON- NOT RELATED		
TO THE DISEASE OR CONDITION	BB. MAJOR FINDINGS OF O	PERATION	20. AUTOPSY?
			YES NO
21A. ACCIOENT. SUICIDE, HOMICIDE (Specify)	218. PLACE OF INJURY (e. aboot home, farm, factory, atreet, office bi	R., in or   21C. WHERE DID (Idg., etc.)   INJURY OCCUR?	If in Baltimore City, give exact location)
21D TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCU  while at not we work at wo	HILE	OCCUR?
22. I hereby certify that I atte			he causes and on the date stated above
23A. SIGNATURE Siberara	2 Colen M.D.	23B, ADDRESS Marchor	orghand 11-21-50
100, REMOVAL (Specify) Durial Nov 21, 1		m Cong Cemetery Ros	
ATO RECEIVED BY REGISTRAR'S	signature	25. FUNERAL DIRECTOR	no Bry With and
VS 150	Control Control		



BIRTH NO.

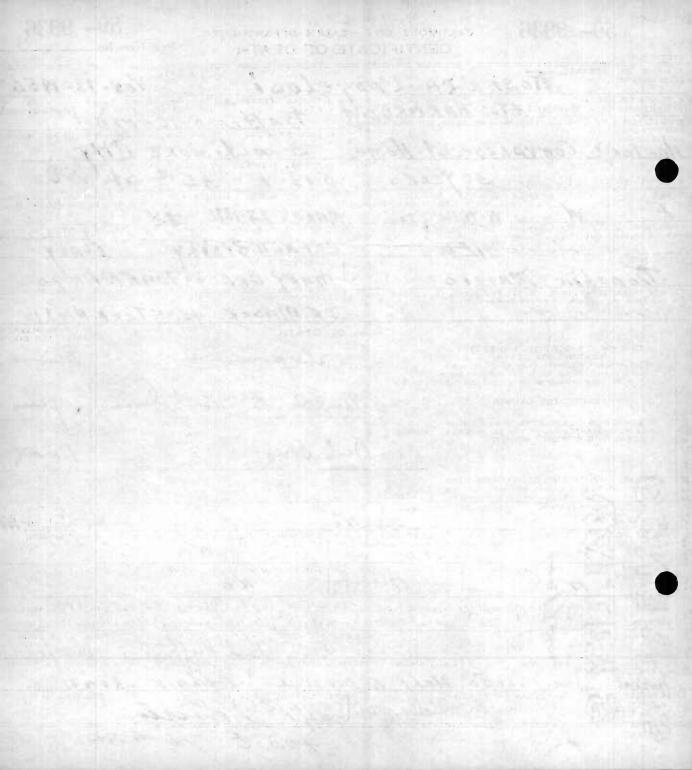
### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50- 9936 Registered No-2. DATE DEATH NOV-18- 1950 B. COUNTY before admission) outside corporate limits, write RURAL and give township) (If rural, give location) 9. AGE (In years If Under 1 Year last birthday) Months: Days Hours: Min. 12. CITIZEN OF WHAT COUNTR ONSET AND DEATH

1. NAME OF DECEASED (Type or Print) MOSAKTA - LANG 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland 4706 HAR FORD - T.

B. FULL NAME OF (If not in hospital or institution, give street address) A. STATE HOSPITAL OR location) INSTITUTION HAKFORD-CONVALESCENT-HOME Mos. 30 YEARS Length of stay in Baltimore Days 7. SINGLE, MARRIED. 5. SEX 6. COLOR OR RACE WIDOWED, DIVORCED (Specify) WIDOWED 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, eyeo if retired) INDUSTRY 40458 13. FATHER'S NAME GRACE- BAR 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or uoknowo) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or uoknowo) SECURITY NO. C. MASER. 4335 PARK. H 18. 420.0 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., ie or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) (Specify) HOMICIDE INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NO 22. I hereby certify that I attended the deceased from quat 1950 to 1 1950 that I last saw the ., and that death occurred of 7: 40 Pm., from the causes and on the date stated above. deceased alive on hr. 11, 1950 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24b. LOCATION (City, town, or county) 24C. NAME OF CEMETERY OR CREMATORY BEXAIK - KIND DATE RECEIVED BY REGISTRARIS SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR

VS 150



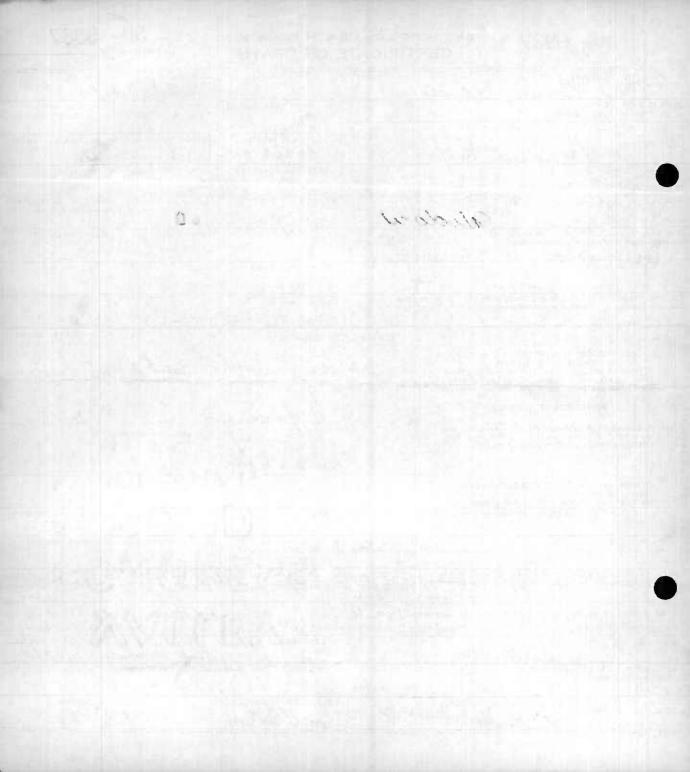
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, if institution; residence A. Baltimore City, Maryland B. COUNTY A STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Voary land HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) c. Length of stay in Baltimore 30vrs Days 5. SEX 6. COLOR OR RACE GE (in years | It Under I Yeer | It Under 24 Hours st birthday) | Months; Days | Hours; Min. 7. SINGLE, MARRIED. 9. AGE (In years) (IDOWED, DIVORCED) (Specify) 3/15/1890 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work dooe during most of working life, even if retired) INDUSTRY WHAT COUNTRY Steel Worker Usinted Has Construction 14. MOTHER'S MAIDEN NAME Jenry Earley Virgil Stanton 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or uokoowo) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or uokoowo) SECURITY NO. Lucy Cannon-1615 Latrobe St INTERVAL BETWEEN CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY heart diteas LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES 11-17-10 DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION DICA 21c. WHERE DID 21A. ACCIDENT, SUICIDE. 218. PLACE OF INJURY (e. g., in or about home farm) actory, street, office bldg., etc.) (If in Baltimore City, give exact location) HOMICIDE (Specify) INJURY OCCUR? Ш 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY WHILE AT \_, 19 √; that I last saw the , 19 50, and that death occurred at 12's deceased alive on 11171 .m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A, BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY A.A. County. Mt. Calvary Burial REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR DATE RECEIVED BY ADDRESS

Burial 11/22/50 Mt. Calvary Cem. A.A.County, Md.

Date Received By Local Registrar's Signature 25. Funeral Director ADDRESS LOCAL REGISTRAR 5150

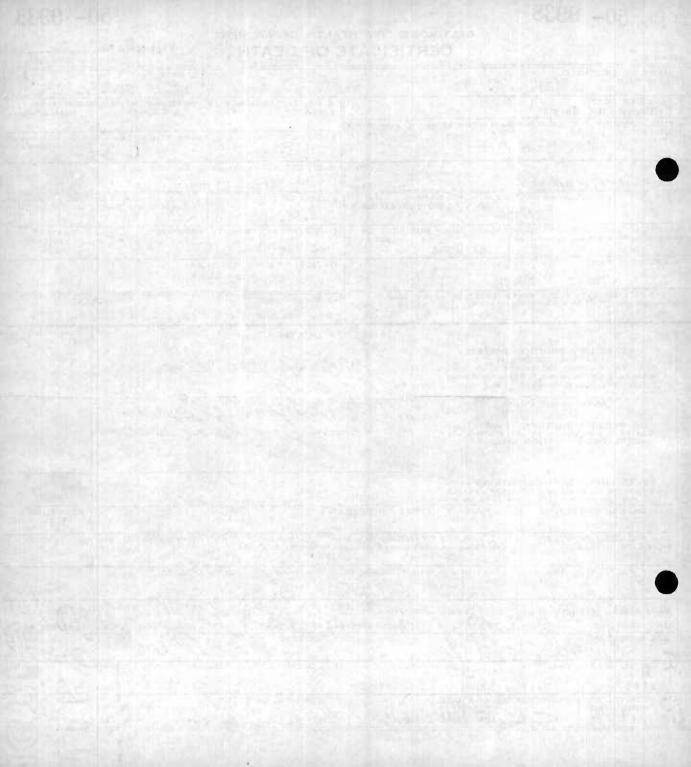
SFS 24

0934



BALTIMORE	CITY	HEAL	LTH	DEPARTMENT	
CERTI	FICA	TE	OF	DEATH	

BIRTH NO.			CERTIFICAT	TE OF DEAT	H	Regist	ered No	)	
. NAME OF DECEAS	ED				12	DATE			
Tyme or Drint)	OLLIE S.	WOO	DLFORD			OF	Now.	18. 19	250
B. PLACE OF DEATH:				4. USUAL RESIDI	ENCE (When	DEATH e deceased I			
a. Baltimore City, M				A. STATE		B. COUN			admission
FULL NAME OF (	If not in hospital or	institutio	on, give street address of location	272.00					
NSTITUTION	Patern Uta	h	iocation	C. CITT OR TOWN		side corpora	te limits,	write RURA	L and give
2905	Edison High	nway		Baltimor	re	2	6-0	1000	Cownentp
			Yrs.		ESS (If rura	al, give locat	ion)		
. Length of stay in	Baltimore		Mos. Days	0000 1331	on Highw	78.37			
	OR OR RACE 7. S	SINGLE	MARRIED.	1 8. DATE OF BIRTH		AGE (In ye	ears If Un	ider 1 Year   II	Under 24 Hours
FW	W	idowe	ED, DIVORCED (Specify)	" Jan.14, 188	30	last birthda 70	Mont	hs Days H	ours Min.
OA. USUAL OCCUPAT		. KIND	OF BUSINESS OR	11. BIRTHPLACE	State or foreig	gn country)	1 1.	2. CITIZEN	OF
ork done during most of working Home		At Ho	INDUSTR	Madison, Md	d.		0.0	WHAT	OUNTRY
3. FATHER'S NAME				14. MOTHER'S MA					
Benjami	n Hubbard			Martha H					
5. WAS DECEASED EVER	IN U. S. ARMED FOR	CES?	16. SOCIAL	17. INFORMANT			ADI	DRESS	
No	-, Barro was or dutos of sea	11100)	NO SECURITY NO.	Mrs. Martha	W. Dors	ev. 29			WV.
						, , , , ,			BETWEEN
18. 420.1	1		CAUSE	OF DEATH					ND DEATH
	CONDITION DIRE	ECTLY	/ /		6 1	) .	~		
(This does not me	ean the mode of dyi	ing, e. g.	, (A)(	rionaly!	Deck	wen	ru	C 6 1 1	
	enia, etc. It means the			1					
injury or compile	ation which caused	u ucatii.	) 502 10	1 . 0 ,	1	1			
ANTEC	EDENT CAUSES		1111	201820/10	Nie!	en D.	02-2	- 100	
DISEASES OF S	ONDITIONS		(B) /////	mov and	VOG C	THE S			************
RISE TO THE ABO	ONDITIONS, IF ANY			zorlar	Kona	l' Des	case		
UNDERLYING C	ONDITION LAST.								
			(5)						
	- 11		(C)						*****************
TRIBUTING TO TH	CANT CONDITION	RELATE	D						
19A. DATE OF OPER	RATION 198. N		FINDINGS OF OPE	RATION			***************************************	20. AU	TOPSY?
	0							YES	NO [
21A. ACCIDENT, SU	IICIDE.   21	IB. PLAC	CE OF INJURY (e. g.,	in or   21c. WHERE D	OID (If in	Baltimore	City, giv		
HOMICIDE (Spec			rm, factory, street, office bldg						
	(Day) (Year) (Hou	r)   2	IE. INJURY OCCUR	RED 21F. HOW DID	INJURY O	CCUR?			
INJURY		w	HILE AT NOT WHILE	E					
		m.	WORK AT WORK		9:	477			
22. I hereby certi	for that I attende	ed the c	deceased from He	ay 10, 194	O, to Mo	21.18	1950	that I las	t saw th
deceased alive on.	WOV ./8 19	50 a	and that death occi	urred at 630m.	, from the	causes and	l on the	date stat	ed above
23A. SIGNATURE	0 200	0	1	238. ADDRESS		11/1			
10/11/10	ex n/n	51/1	() M. D.	1331 7	Noch	ador	2	11.5	20.58
4A. BURTAL CREMA-	24B. DATE	1/2		ERY OR CREMATORY	24D. LOCA	ATION (City	, town, or	r county)	(State)
ION, REMOVAL (Specify)	Nam 99 7	058	Baltimore			altimor			
Burial	Nov. 22, 1				1	T OTHO!			-
DATE RECEIVED BY OCAL REGISTRAR	REGISTRAR'S SIG	GNATUI	// ·	25. FUNERAL DIR		1 1		ADDRESS	. /
VOV 211950	Twitwate	m//	Martis / Martis	Wm. y Juice	nei · So	one In	U De	ela n	CK
VS 150		-	W. Williams				1	3/a	



SVENSSON

50- 9939

BIRTH NO.	CERTIFICATE	OF DEATH	Registered No	)
1. NAME OF DEGEASED (Type or Print)	misHuld	la S.	2. DATE OF DEATH 19	hor.50
S. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W		
B. FULL NAME OF (If not in hospital or instit	104:	c. CITY OR TOWN (If	outside corporațe limits,	03
Mush Nome & H	esp.	Balt, mor	e 12	township
c. Length of stay in Baltimore	O (Yrs) Mos. Days	202 P.	ral, file location	7
Final 6. COLOR DR RACE 75 ING		8. DATE OF BIRTH  May 15, 1891	9. ACE (In yours   10 last birthday) Mont	nder I Year If Under 24 Hours ths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIN pri done during most of working life, or in if retired)	ID OF BUSINESS OR INDUSTRY	S Weden		2. CITIZEN OF WHAT COUNTRY
Sven Svenso	THE RESERVE OF THE PERSON OF T	14. MOTHER'S MAIDEN NA		O A
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	1 40 000111	Mrs. Mabel Chase	1	Alpatoria At
18. / 53 X 1	CAUSE O			INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTL LEADING TO DEATH (This does not mean the mode of dying, e				
heart failure, asthenia, etc. It means the dise injury or complication which caused dea	ase,		•••••••••••••••••••••••••••••••••••••••	
ANTECEDENT CAUSES	Car	reinom	a of	3 yrs
DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	THE DUE TO ASC	reinom ending	Colon	
11	(C)			
OTHER SIGNIFICANT CONDITIONS CONTINUES OF THE DISEASE OF CONDITION CAUSING	TED			
19a. DATE OF OPERATION   19B. MAJO	R FINDINGS OF OPERA	of assend	ing Colon	20. AUTOPSY?
21A. ACCIDENT. SUICIDE. 21B. Pi HOMICIDE (Specify) about hom	ACE OF INJURY (e.g., in o e, farm, factory, street, office bldg., etc.	PIC. WHERE DID (II	in Balt more City, giv	e exact location)
D. TIME (Month) (Day) (Year) (Hour) INJURY m.	21E. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK	21F. HOW DID INJURY	OCCUR?	
22. I hereby certify that I attended th	e deceased from O	+.2/ ,1950 to 1	1 hour, 1930	that I last saw the
deceased alive on 19 her 1960		ed at 8 .30 Hm., from the		date stated above
() (enold), L	along M.D. C	hurch Hon	My Herep.	19 horriso
24A. BURIAL, CREMA 24B. DATE TON, REMOVAL (Specify)  11 / 2 2 / 50	24C. NAME OF CEMETERY	Y DR CREMATORY 24D. LO	CATION (City, then, or	county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNAT	URE 2	5 FUNERAL DIRECTOR	. / 0/-1	DDRESS

VS 150

390 6C

1	1	2
1	0	200

VS 150

### 50- 9940 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

093 d Md.

	50-	9940
Registered	No.	00.10

TIKTITI NO.						
NAME OF Daype or Print)		ACE BO	CK OVERSTREET		2. DATE OF NO	v. 20, 1950
. PLACE OF D . Baltimore ( . FULL NAME IOSPITAL OR	EATH: City, Maryland	al or institut	ion give street address or	Md.	ENCE (Where deceased lived B. COUNTY	d. If institution: residence before admission)
NSTITUTION	212 Stoney	Run Lai	ne lectron)	Baltimo	ore (If outside corporate i	imits, write RURAL and give township)
gth of s	tay in Baltimore		Yrs. Mos. Days	101 W.	ESS (If rural, give location Monument St.	)
. SEX	6. COLOR OR RACE	7. SINGLE	E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRT	last birthday)	Months; Days Hours Min.
Cemale	white		rried	Nov. 4, 18	882 68	
ck done during most	CUPATION (Give kind of of working life, even if retired)	at hor	OF BUSINESS OR INDUSTRY		State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S	NAME	a 0 110:	20	14. MOTHER'S MA	UDEN MANE	
Alfred A.	Bock			Mary Ander		
5. WAS DECEASI	ED EVER IN U. S. ARMED (If yes, give war or dated	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
no	(1. Jon, Bive was of Gates	or service)	SECURITY NO.		W. Overstreet	St.
18. 42	0.1			OF DEATH	W. Overstreet	101 W. Monument
	E OR CONDITION	DIRECTLY	0		,	ONSET AND DEATH
(This does heart failu	not mean the mode or re, asthonia, etc. It mean	"H f dying, e.g ns the diseas		rel Hem	onlage	48 lers
h-11-7-7-	complication which c					
	OR CONDITIONS, IF		(B) Aygue	tensine av	enoslewto C-6	D 8 Yes
RISE TO T	HE ABOVE CAUSE (A)	STATING TH	E DUE TO CONON	ran Herome	tensdeste C-6	bles Erens as
			(6)			
TRIBUTING	IGNIFICANT CONDITION TO THE DEATH, BUT I	NOT RELATE	D	0		
TO THE D	SEASE OR CONDITION	CAUSING I	т			
TOAL DATE O	POPERATION		FINDINGS OF OPER			YES NO
LYING OF CAUSE OF	ENT WAS UNDER. CONTRIBUTING DEATH	21B. PLA about home, fo	CE OF INJURY (e. g., in arm, factory, street, office bldg., e	or 21c. WHERE D		y, give exact location)
21D. TIME (	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	D 21F. HOW DID	INJURY OCCUR?	
NSORT		w.	WORK NOT WHILE		Control of	53 S. J. S. J. A. S.
22. I hereby	y certify that I atte	ended the	deceased from Ja	4UGAL/ 1946	e, to November 2,919	that I last saw the
deceased at	ive on NOV. 10	, 1900,			, from the causes and or	n the date stated above.
23A. SIGNAT	wand Edus	ed D	ay M. D. 4	38. ADDRESS	St -18	November 28/950
AA. BURIĀL, C ON, REMOVAL (S		2	NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (City, to	wn, or county) (State)
Removal	11/21/5	0	Wausau, Wi	5C.	Wausau, Wisc.	
CAL REGIST	BY I BEGICEPANI		REVILLACIA MINI	25 FUNERAL DIR	ECTOR O	ADDRESS /
	TARREST ANT MARKET	The state of the s	THE RESERVE OF THE PARTY OF THE	- 1111 · \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	11 1 11 11 11 1 1 1 1 1 1 1 1	/ 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1

如此是一种的一种,但是一种的一种,但是一种的一种。 or to desire the desired The result. Later the court of the court of A STATE OF THE STA 

# 50- 9941 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50- 9941 Registered No.

TRIH NO.							
. NAME OF D Type or Print)		MARGARE	ET MARSHALL		2. DATE OF 1 DEATH	Nov. 20,	1950
	City, Maryland			4. USUAL RESIDE A. STATE Md.	NCE (Where deceased B. COU	lived. If institu	
OSPITAL OR	OF (If not in hospit	al or institut	tion, give street address or location)	c. CITY OR TOWN	(If outside garner	esta limita weit	e RURAL and give
NSTITUTION	3530 Greenm	ount Av	78.		(II oatside corpor	AN B	township)
20			Yrs.	Baltimore	SS (If rural, give loca	L-C	
Cath of a	tors in Doltimone		Mos.			101011)	
S. SEX	tay in Baltimore	7 SINGL	Days E. MARRIED.	8. DATE OF BIRTH		vears If Under 1	Year   If Under 24 Hours
female	white	WIDOV	VED DIVORCED (Specify) Widowed	Jan. 8, 18	71 last birth	day) Months I	Days Hours Min.
OA. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KINI	O OF BUSINESS OR	11. BIRTHPLACE (S	tate or foreign country)		ITIZEN OF
Housew	4 6		home	Maryland		V	HAT COUNTRY?
3. FATHER'S N	NAME			14. MOTHER'S MAI	DEN NAME		
	n Bechtold			Christina	Bauer		
es, no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRE	
-				Mrs. Myrtle	M. Davis	3530 Gree	enmount Ave
18. 44	16 V .		CAUSE	OF DEATH	1		TERVAL BETWEEN
DISEAS	E OR CONDITION		0	1	1	2	SET AND DEATH
(This does	not mean the mode of	ΓΗ of dying, e.,	S. (A)	etral	reumo	age	24 42
heart failu	re, asthenia, etc. It mea complication which of	ns the diseas	se,				
111,011,01			1/	. 4 .			
	ANTECEDENT CAUS	SES	My	serleusen			0
DISEASES	S OR CONDITIONS, I	F ANY, GIVII	NG (B)	*	9 0	A 1.	
UNDERLY	HE ABOVE CAUSE (A)	STATING T	HE DUE TO UTTON	insclarai	- " nece	Malie	astered
			(C)				
	- 11		CHILD IN THE				
	IGNIFICANT CONDI					2	
TO THE D	ISEASE OR CONDITION	CAUSING	ІТ.				
19A. DATE C	OF OPERATION 0 1	9B. MAJOR	FINDINGS OF OPER	ATION			20. AUTOPSY?
		I ata Di	ACE OF INJURY ( 1-	or   21c. WHERE D	ID (If in Baltimore		YES NO
LYING OF	PENT WAS UNDER- R CONTRIBUTING DEATH	about home,	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		R?	e City, give ex	act location)
	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	To Y May	FEMBER DI
NJURY		m.	WHILE AT NOT WHILE				
22 I hereh	as contifes that I at		deceased from Av	V 10 ,1950	1/2 New 20	1950 tha	t I last saw the
			and that death occur	- 1- /			
23A. SIGNA		_, 1000		3B. ADDRESS	- 1 Old		DATE SIGNED
Leon	Me a. 15	unde	M. D.	323 mes a	13 (844 -	11	12/15/
24A. BURIAL.	REMA- 248. DATE		24c. NAME OF CEMETE	RY OR CREMATORY	24b. LOCATION (Ci	ty, town, or cou	inty) (State)
ION, REMOVAL (S Burial		0	Loudon Park	c Cem.	Balto. Md.		-1
DATE RECEIVE	D BY   REGISTRAR			25 AUNERAL DIRE	/	ADD	RESS
NOV 21	1950	ingtor /	Villians, M. M.	Wm. V	Victories 9	+ Mars	sallo
VS 150	1 / Ye		MARINE WASHINGTON	N		1-	MA
				V		1310	11141

Mary Briller, 5 750 Comments of the State of the St 4

50 - 994250- 9942 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No .\_\_ BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) och anonoti DEATH , 3. PLACE OF DEATH:
A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STAT B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION anchester Cen. Yrs. . STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Davs 6. COLOR OR RACE 8. DATE OF BIRTH If Under 1 Year 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours : Min. 10A. USUAL OCCUPATION (Give kind of ) 108. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? stores land 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unis 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT Yes, no or unknown) ADDRESS SECURITY NO. ochanon 18. INTERVAL BETWEEN 332 X CAUSE ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cerebral Theat (This does not mean the mode of dying, e.g., (A) .... heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO 11 overna lift knee OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY Acc 24, 1949 to Nov 19, 1950, that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on 100, 150 and that death occurred at 7 a m., from the causes and an the date stated above. 2/SALSIGNATURE 236. DATE SIGNED BURIAL, CREMA-FUNERAL DIRECTOR ADDRESS VS 150

Cuch Thereof 6 m Co Syroman lys have yps Kententin Ph as the first live was BIRTH NO.

### 50- 9943 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50- 9943 Registered No.\_\_

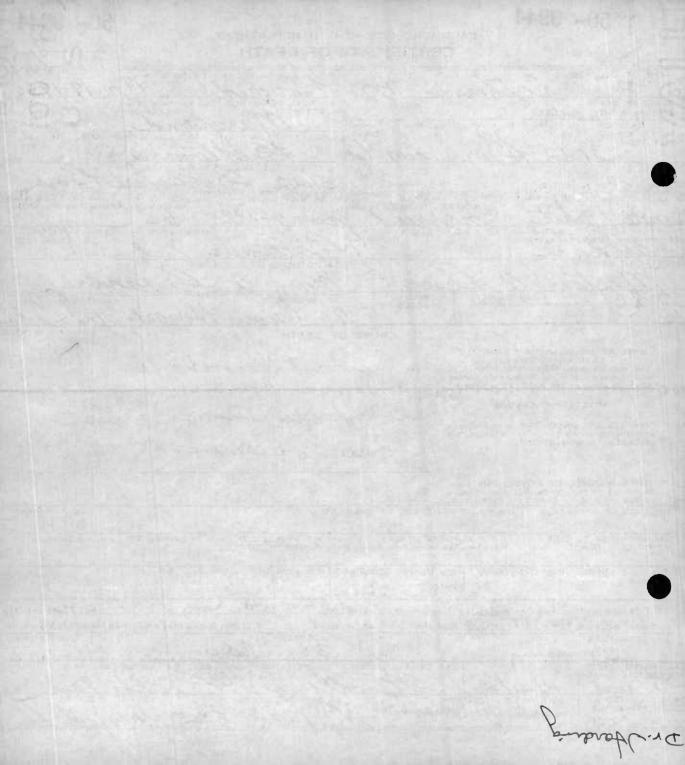
1. NAME OF D (Type or Print)		Ella A	gnes Sullivan		OF NOV	rember 19	. 1950
3. PLACE OF D	EATH: City, Maryland			4. USUAL RESIDENCE (	Where deceased lived B. COUNTY	. If institution:	
B. FULL NAME HOSPITAL OR		al or instituti	on, give street address or location)	Maryland			9, 4,
INSTITUTION	3631	Ash St		Baltimor	f outside corporate li	O O	township)
			Yrs. Mos.	D. STREET ADDRESS (If			
c. Length of st	tay in Baltimore		ars Days	3631 Ash	Street	H Hudes 1 Vers	It Hadas 24 Hama
Female	White	Widow	ED, DIVORCED (Specify)	Sept. 9, 1868	82	Months Days	Hours Min.
ork done during most of At Home	CUPATION (Give kind of of working life, even if retired)	IOB. KIND	OF BUSINESS OR INDUSTRY	Pennsylvania	foreign country)	12. CITIZI WHAT	COUNTRY
13. FATHER'S N	IAME			14. MOTHER'S MAIDEN N	NAME		O A
John Str				Barbara Elizabet	ch Masenheim	ner	
Yes, no or unknown)	D EVER IN U. S. ARMED (If yee, give wer or dates	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
No		1		Miss Grace V. St	illivan 36	31 Ash S	treet
(This does heart failure injury or DISEASES RISE TO THE UNDERLY OTHER STRIBUTING TO THE DISTANCE OF THE DISTAN	E OR CONDITION LEADING TO DEAT not mean the mode o re, asthenia, etc. It mean complication which c ANTECEDENT CAUS GOR CONDITIONS, IF HE ABOVE CAUSE (A) ING CONDITION LA  III IGNIFICANT CONDITION INTO THE DEATH, BUT ISEASE OR CONDITION	H dying, e. g ns the disease aused death.  ES  FANY, GIVIN STATING TH ST.  TIONS CON NOT RELATE CAUSING IT	DUE TO  OPPOR  (B)  GE DUE TSEULE  (C)  HEMPE	vary arterior	elevozi levozi	3 Da 5	dy art
19A. DATE O	F OPERATION 1	9B, MAJOR	FINDINGS OF OPER	RAMON		YES	NO L
21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER CONTRIBUTING	218. PLA	CE OF INJURY (e. g., i nrm,factory,street,office bldg.,	n or 21c. WHERE DID (etc.) INJURY OCCUR?	(If in Baltimore Cit	y, give exact l	oeation)
210. TIME (NJURY	Month) (Day) (Year)		VHILE AT NOT WHILE WORK AT WORK		Y OCCUR?		
	y certify that I att	ended the		rred at 10 15 A.m., from	the causes and or	that I length the the	ast saw the
23A. SGNA	WERR	TAA	M. D.   2	38. ADDRESS Char	rler 85		TE SIGNED
24A. BURIAL. C TION, REMOVAL (S Burial DATE RECEIVE	Nov. 22		Noodlawn		LOCATION (City, to Ltimore Co.,		d
NOV 2119	50 milion		hadd high	Burgee Funeral F	fome 3631	Falls Ro	ad
VS 150		7 6		Horace Fr.	Burgee	09	ya

div . 10 wet . BIEL . Sett profession to the state of the same of the  0 50- 9944

## BALTIMORE CITY HEALTH DEPARTMENT

50- 9944

Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE DEATH 3. PLACE OF DEATH: (Where deceased lifed, If institution; residence 4. USUAL RESIDENCE A. Baltimore City, Maryland A. STATE B. COUN before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location If outside corporate limits, write RURAL and give INSTITUTION Yrs. Mos. c. Leigth of stay in Baltimore Days 5ASEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. 10A. USUAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR 11. BURTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUST WHAT COUNTRY? none 13 FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yes, no or unknown) SECURITY NO CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCURT WHILE AT 1940 to now 19 , 195, that I last saw the 22. I hereby certify that I attended the deceased from many deceased alive on now 18 1950 and that death occurred at\_ m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 3805 M. D. 100 BEMOVAL (Specify) 24c. NAME OF CEMETERY OF CREMATORY 25 FUNERAD DIRECTOR. ADORESS DATE RECEIVED BY RECISTRAR'S SIGNATIVE OCAL REGISTRAR VS 150



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

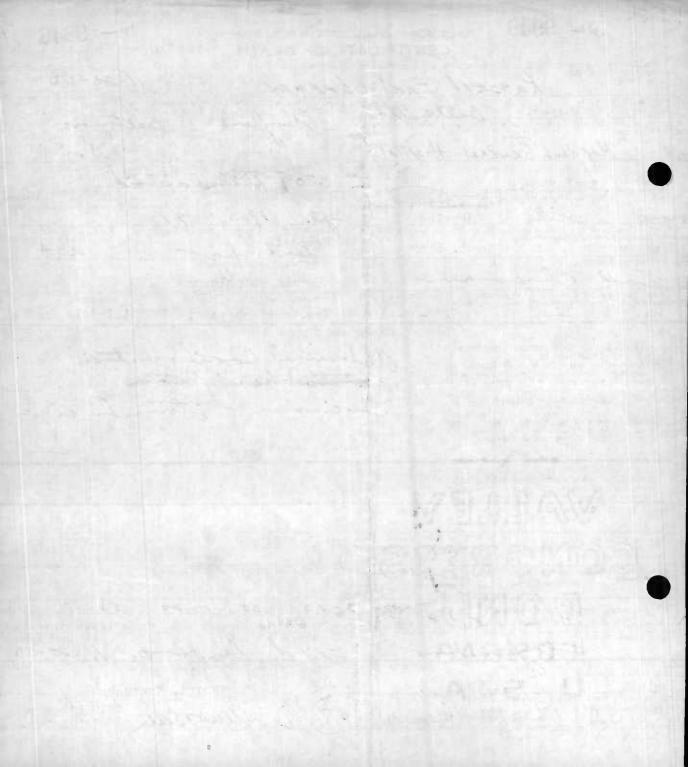
50- 9945
Registered No.

IRTH NO NAME OF DECEASED 2. DATE Type or Print) DEATH PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence Baltimore City, Maryland A. STATE B. COUNTY before admission) FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location) C. CITY OR TOW outside corporate limits, write RURAL and give NSTITUTION township) Yrs. (Il rural, give location) D. STREET ADDRESS Mos. Length of stay in Baltimore Days 2003 6. COLOR OF RACE 7. SINGLE, MARRIED 9. AGE (In years If Under 1 Year last birthday) Months Days Hours Min. BIRTH WIDOWED, DIVORCED (Specify) DA. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR I. BIRTHPLACE (State or foreign country) 12. CITIZEN OF done during mg of working life, even if retiral ) INDUSTR MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL I NFORMAN e, no or unknown) ADDRESS (If yes, give war or dates of service) SECURITY NO. same 18. INTERVAL BETWEEN CAUSE OF DEATH 420. ONSET AND OEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) QUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or 2Ic. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? ZID TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE . 195 that I last saw the 22. I hereby certify that I attended the deceased from. 193 deceased alive on 11-16 7 R. m., from the causes and on the date stated above. and that death occurred at\_ 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24B. DATE 24D. LOCATION (City, town, or county) ATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS OCAL REGISTRAR VS 150

A2 12

DR. Kartgin 4331 Harford.

50- 9946 50- 9946 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No BIRTH NO. 1. NAME OF DECEASED 2. DATE Russell EAR! Chap. (Type or Print) DEATH 3. PLACE OF DEATH: . USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or Maryla HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Med. gth of stay in Baltimore Dans 5. SEX 6. COLOR OR RACE I 7.-GINGLE MARRIED BIRTH 9. AGE (In years If Under I Year WIDOWED, DIVORCED (Specify) last birthday) | Months Days Hours! Min. 1903 Married 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNT Manager Dept. USA. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Bertha Hutchinson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes. oo or unkoown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, oo or unknown) SECURITY NO 78-05-4136 Mrs. Marie Chapman, 3809 Hillsdale Road no 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND OFATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPS 21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER. 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from\_ 11-13 , 1950 to 11 - 20 , 1950 that I last saw the 1950 and that death occurred at 6:55 Am., from the causes and on the date stated above. deceased alive on. 23A. SIGNATURE 24A. BURIAL, CREMA-248. DATE 240 LOCATION (Lity, town, or county) ION, REMOVAL (Specify) Kentucky Burial 22,1950 DATE RECEIVED BY REGISTRAR'S SIGNATURE Heights VS 150

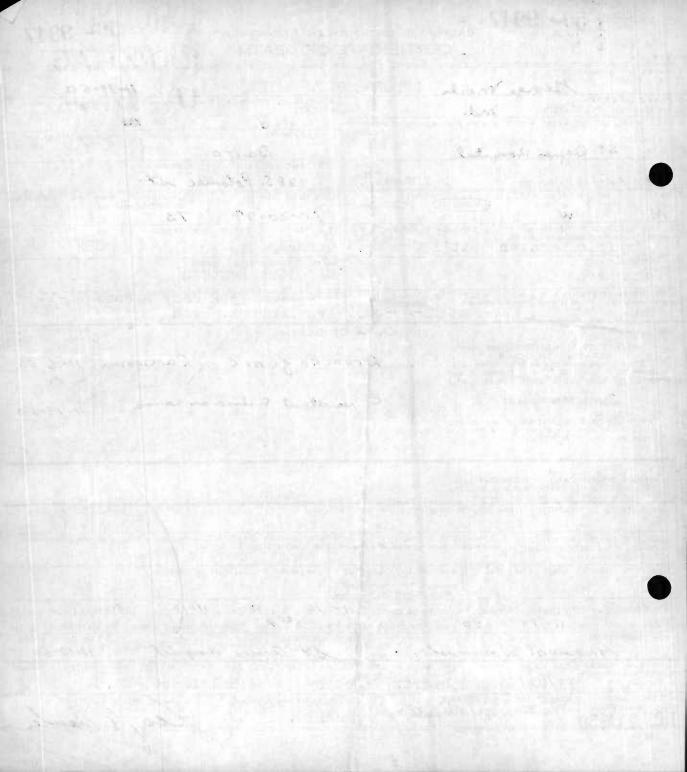


50- 9947

BAL	CEDILLICATI	COE DELAKTWI	Dominton	1 No
BIRTH NO.	CERTIFICATI	E OF DEATH	Registere	d No.
NAME OF DECEASED Type or Print)			2. DATE	
Leonge med	GEORGE	PETER MECH)	OF DEATH //	-19-50
B. PLACE OF DEATH:  A. Baltimore City, Maryland		4. USUAL RESIDEN	CE (Where deceased lived	. If institution : residence
B. FULL NAME OF (If not in hospital or institution	on, give street address or		B. COUNTY	
HOSPITAL OR NSTITUTION	location)	C. CITY OR TOWN		mits, write RURAL and give
St. Capres Hospital		Bal		township
A PART INSTANCE	Yrs.	o. STREET ADDRESS	(If rural, give location)	
	50yrs Mos. Days	1385. Po	tomac St.	
6. COLOR OR RACE 7. SINGLE	MARRIED. ED DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years	Months Days Hours Min.
MW		10-30-77	73	Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of rk done during most of working life, even if retired)	OF BUSINESS OR	11. BIRTHPLACE (Stat	te or foreign country)	12. CITIZEN OF
Traffic Manager Nat	'1 Can Co.	Germany		USA COUNTRY
3. FATHER'S NAME	y veri	14. MOTHER'S MAID	EN NAME	
John Mech		Caroline Re		
5. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL			
es, no or unknown) (If yes, give wer or dates of service)	215-09-6059		302 Mary Ave	NU BRESS - 14
no	217-09-0079	Mrs Laura	E. Mech	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease injury or complication which caused death.  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	) DUE TO	ncho schi		11-16-50 +0 11-19-50
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT				
	FINDINGS OF OPER	ATION		20. AUTOPSY?
0				YES NO
	CE OF INJURY (e. g., in rm, factory, street, office bldg., e		(If in Baltimore Cit;	y, give exact location)
210. TIME (Month) (Day) (Year) (Hour)   2	1E. INJURY OCCURRE	ED 21F. HOW DID 1N	JURY OCCUR?	
W	HILE AT NOT WHILE			
22. I hereby certify that I attended the c	deceased from	1- 16 , 1950/t	0 11-19 19	50, that I last saw the
deceased alive on 11-19, 19 50, a	and that death occur	red at 5 25 P.m for	om the causes and or	the date stated above
23A. SIGNATURE	2	3B. ADDRESS	om the causes and or	23c. DATE SIGNED
Anchew R. Sosnow	shi M.D.	St. agnes	Hospital	11-19-50
4A. BURIAL, CREMA- 24B. DATE   2	4C. NAME OF CEMETER		40. LOCATION (City, to	wn, or county) (State)
burial 11/22/50 Sc	hwartz Ceme	tery	Baltimore, M	ld.
ATE RECEIVED BY   REGISTRAR'S SIGNATUR				IC ADDRESS
NOV 2 1 1050	Levelle di S	HENRY SANDE	R"& SONS, IN	1 1

VS 150

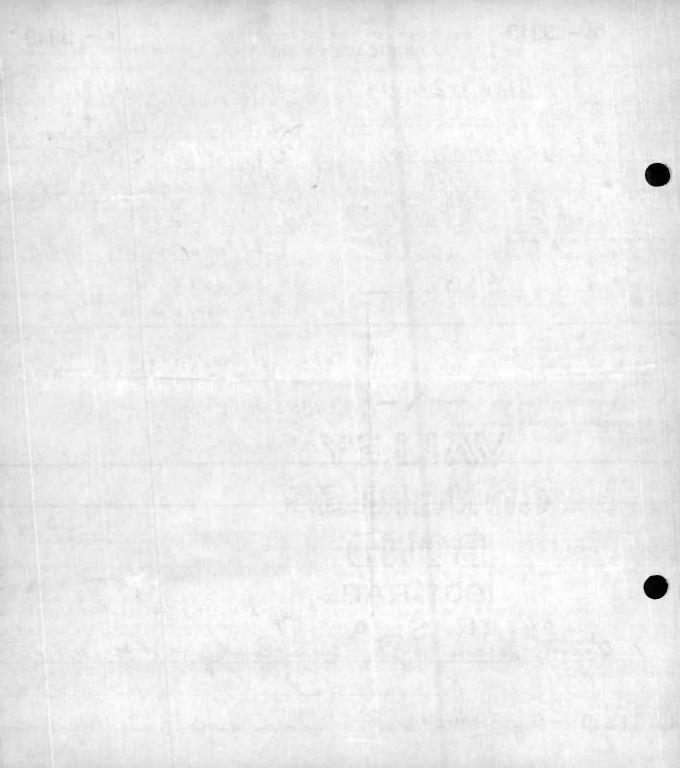
29630



620 50- 9948 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.		DA.	CERTIFICAT	E OF DEAT	H Registered	d No
1. NAME OF D (Type or Print)	Rosa Lee	Parrie	K		2. DATE OF DEATH //	-14-50
3. PLACE OF C A. Baltimore ( B. FULL NAME HOSPITAL OR INSTITUTION	DEATH: City, Maryland OF (If not in hospit		ion, give street address of location)	c. CITY OR TOWN	Md.  (If outside corporate line)	
c. ogth of s	stay in Baltimore	70 :	Yrs.	Baltimor D. STREET ADDRI 710 E.	ess (If rural, give location)  +lst Street	
5. SEX	6.COLOR OR RACE	Wigon	E, MARRIED, /ED, DIVORCED (Specify)	Oct. 9, 18	lack binth dow	Montha Days Hours Min.
House House			O OF BUSINESS OR INDUSTRY		State or foreign country)	USA WHAT COUNTRY
	ook			? Brady	IDEN NAME	
15. WAS DECEAS Yes, no or unknown) NO	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO. NONE	17. INFORMANT Ir. Earl R.	1823 Chibton Carrick	Starest - 18
(This does heart failt injury or DISEASE	SE OR CONDITION LEADING TO DEA'S not mean the mode of ore, asthenia, etc. It mea complication which of ANTECEDENT CAUS SOR CONDITIONS, IT THE ABOVE CAUSE (A) YING CONDITION LA	TH of dying, e ons the disease caused death SES F ANY, GIVIN STATING TI	(B)	vtensive A to Vesculer	deiselendie Disease	
TRIBUTING	GIGNIFICANT CONDIGE TO THE DEATH, BUT DISEASE OR CONDITION   1	NOT RELATE	ED	RATION		20. AUTOPSY?
21A. EXTERI	NAL CAUSE WAS G  OR CONTRIB- CAUSE OF DEATH.		ACE OF INJURY (e. g., i arm, factory, atreet, office bldg.,		OID (If in Baltimore City R?	yes No X
21D. TIME OF INJURY	(Momth) (Day) (Year)		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID	INJURY OCCUR?	
the evi	idence obtained by	said Auto		Inquiry, find that	<b>Les perhon</b> Autopsy, Inspection or Inquir  said deceased died on  suicide □, homicide □,	the day stated above
23A. SIGNA Uilli 24A. BURIAL. (S	w 11. 5000	X/		ASSISTANT ME	EDICAL EXAMINER	23c. DATE SIGNED  11-20-50  vn, or county) (State)
tion, REMOVAL (S buria		50	Cedar Hill	Cemetery	Baltimore, M	ld.
DATE RECEIVE LOCAL REGIST	RAR	1	CO POR LA CARON	HENRY SAN	SERR& SONS, IN	C . ADDRESS

0932



S	TQO	50- 9950	BALTIMORE		ALTH DEPARTMENT E OF DEATH	50 Registered	9950 No.
	NAME OF D ype or Print)	ECEASED Guglie	elmina Panza		2. DATE OF	20. 1950	
A.		City, Maryland 25	529 E. Monument	4. USUAL RESIDENCE (	Where deceased lived, I		
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION						f outside corporation	its, vrice RUNAL and giv township
c. Rength of stay in Baltimore  46 years  Nos. Days					D. STREET ADDRESS (If rural, give location) 2529 E. Monument St.		
5. SEX   6. COLOR OR RACE   white		6.COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH A pril 22, 1874	9. AGE (In years last birthday)	ff Under 1 Year   If Under 24 Hours   Min
10A. USUAL OCCUPATION (Give kind of work doneduring most of working life, even if retired) housewife			108. KIND OF BUSINESS OR		11. BIRTHPLACE (State or )	foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME					14. MOTHER'S MAIDEN NAME		
Guy Passiflora					unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO.				17. INFORMANT ADDRESS Guy C. Panza, son, 3739 Reistertown Rd.			
	18.	43×			OF DEATH		INTERVAL BETWEE
ERTIFICATION	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CON-						., .,
CE		TO THE DEATH, BUT		***************			
7	19A. DATE C	F OPERATION 1	9B. MAJOR FINDINGS	OF OPER	ATION		20. AUTOPSY?
MEDICAL	21A. ACCIDE HOMICIDE	NT. SUICIDE. (Specify)	21s. PLACE OF INJU about home, farm, factory, stree	RY (e. g., in t, office bldg., e		(If in Baltimore City,	yes No Egive exact location)
4	210. TIME (Month) (Day) (Year) (Hour)  Z1E. INJURY OCCURRE  WHILE AT NOT WHILE  AT WORK						
22. I hereby certify that I attended the deceased from June 1945, to 2 o Nov., 1970, deceased alive on 1950, and that death occurred at 2 fr. m., from the causes and on the 23A. SIGNATURE 23B. ADDRESS  M. D. 260/ 2 - Nov. 1970, town, or 1970, Removal (Specify)  24A. BURIAL. CREMA: 24B. BATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or 1970), Removal (Specify)  Burial 200. 23, 1950 Holy Redeemer Cem. 1450 Belair Ed. Reserved.							
L	ATE RECEIVE OCAL REGIST	D BY REGISTRAR	SSIGNATURE	7	Schimunek Funer		ADDRESS

BALTIMORE CITY HE	(EUIED 11-24-50
BALTIMORE CITY HE	
CERTIFICATI	E OF DEATH Registered No.
Type or Print) William W. X	URHAM OF HOV. 20, 1900
B. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence a. STATE B. COUNTY before admission)
FULL NAME OF (If not in bopital or institution, give street address or location)	C. CITY OF TOWN If outside corporate limits, write RURAL and give
NSTITUTION Mum Me moud Horf.	(allemore #// township)
Mos. Days	2727 Mules Ove 11/2
SEX 6. COLOR PACE 7 SINGLE, MARRIED, WIDOWED DIVOICED (Specify)	8. DATE OF BIRTH 1884 9. AGE (In years law birthday)  OCA A2 (APP) (1997) 9. AGE (In years law birthday) Months Days Hours Min.
On USUAL OCCUPATION (Give kind of the first	11. BIRTHELACE (State or foreign country)  12. CITIZEN OF WHAT QUINTRY?
FATHER'S NAME Watchman Genstruction	14. MOTHER'S MAIDEN NAME
5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCHAL cs. no or unknown() (If yes, give war or dates of service)   SECHRITY NO	MINFORMANT ADDRESS
(11 yes, give war or dates of service) SECORITY NO.	Sichard C. Manger - 2928 miles
DISEASE OR CONDITION DIRECTLY	F DEATH
(This does not mean the mode of dying, e.g.,	nari colusion
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	Perlambias & antonia.
UNDERLYING CONDITION LAST.	Lo Cardio por la della
II	CENTIFICATION THE THE STATE OF
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Der: John Julachen
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	CHIEF OR ASST. MEDICAL EXAMINER. 20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e	
21c. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRE	21F. HOW DID INJURY OCCUR?
m. WHYLE AT NOT WHILE	
22. I hereby certify that I attended the deceased from deceased alive on 19 and that death occur	red at 19 , to, 19, that I last saw the red at 10 from the causes and on the date stated above.
	38. ADDRESS A. H. 23c. DATE SIGNED
4A. BURIAL CREMA- 24B. DATE 24C. NAME OF CEMETER ON REMOVAL SYGGIFY)	RY OR CREMATORY 24D LOCATION (City, town, or county) (State)
ATE RECEIVED BY REGISTRAD'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
UV 21 1950 This of Milliams, M. T.	Justin O. Nonovan 38/8/ Stand
Vs 150	- woc

Marie Land Dry without The state of the s an expendent property and a property of the alvay, A RASE TO 

7. SINGLE, MARRIED

10B. KIND OF BUSINESS OR

16. SOCIAL

DUE TO

DUE TO

(C) ....

SECURITY NO

igth of stay in Baltimore

10A. USUAL OCCUPATION (Givekind of

WAS DECEASED EVER IN U. S. ARMED

work done during most of working life, even if retired)

6. COLOR OR RACE

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE

REGISTRAR'S SIGNATURE

UNDERLYING CONDITION LAST.

White

5. SEX

Male

18.

CURUN 13. FATHER'S NAME

5	3	995	52
Registered N			
TE FATH NOVE eased lived. If is COUNTY Balt corporate limits,	nstituti l imor	on: resi efore a e RURAL	dence dmission
re location) Road	30	0	
(In years   If I birthday) Mon	Inder 1 Yes	n Hu ys Hou	der 24 Hour rs Min
mud.	12. CIT	IAT CO	OF
7 AD	DRES		
en bar 75	INT	ERVAL	BETWEE D DEAT
		s 🗌	PSY?

2. DA

(If outside o

D. STREET ADDRESS (If rural, giv

BIRTHPLACE (State or foreign con

8. DATE OF BIRTH

17. INFORMAN

DEATH

Coronary occlusion

126 Dumbarton

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21c. WHERE DID 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING [] OR CONTRIB. UTING [] CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WORK 22. I certify that I took charge of the remains described above, held an Inspection & Inquirythercon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [2], accident [], suicide [], homicide [], undetermined []. 23B. CHIEF MEDICAL EXAMINER.... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR .... 24D. LOCATION (City, town, or county) 248. DATE 24c. NAME OF CEMETERY OR CREMATORY

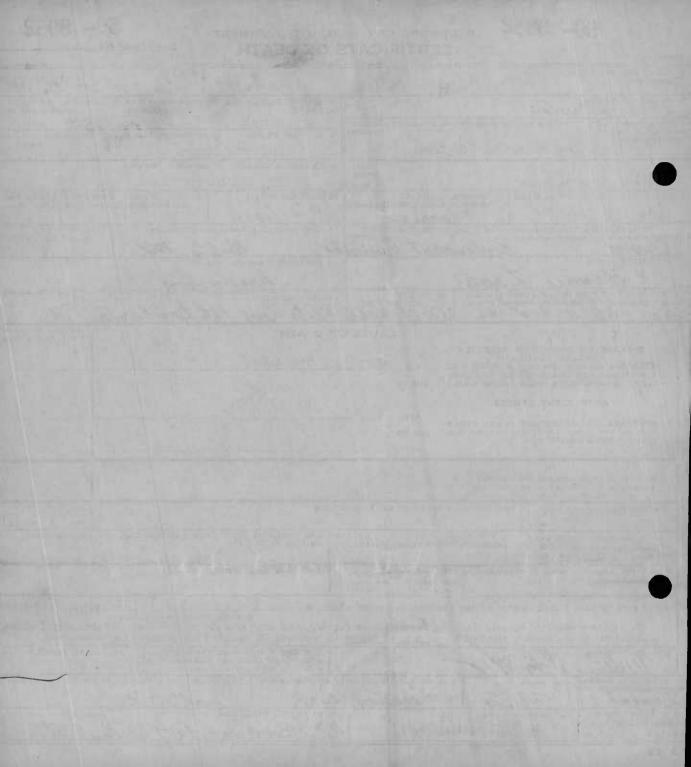
FUNERAL DIRECTOR

Yrs. Mos.

INDUSTR

CAUSE OF

RECEIVED BY

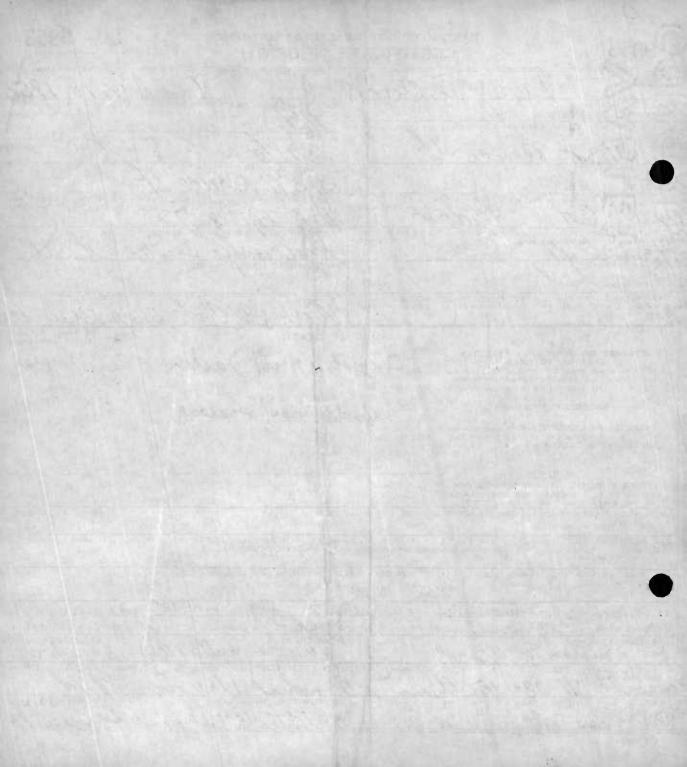


9953

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

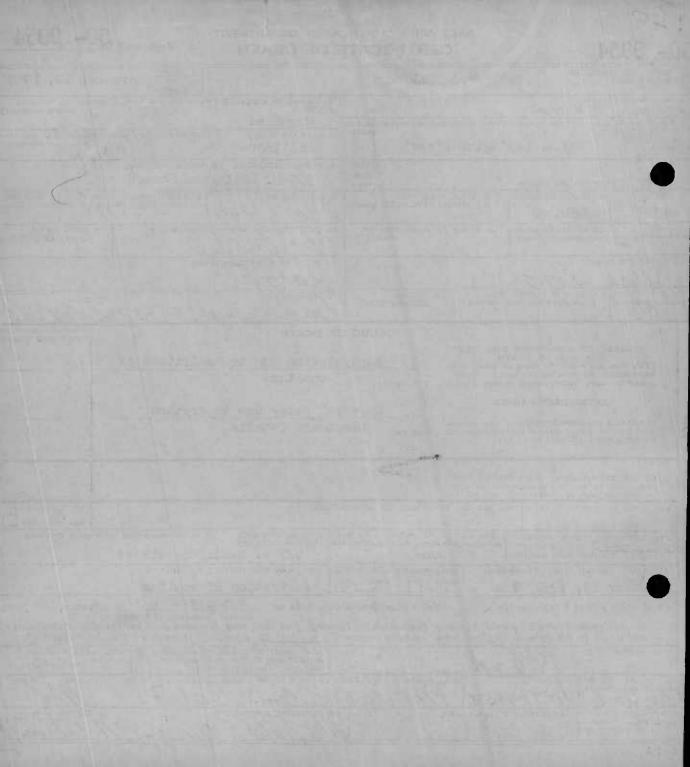
Registered No. 9953

1. NAME OF DECEASED 2. DATE (Type or Print) A. USVALIRESIDENCE (Where deceased lived, If institution; residence DEATH 3. PLACE OF DEATH: A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corperate himits, with RURAL and give C. CHTY OR TOWN INSTITUTION. township) Yrs. (If rural, give location Mos. c. Length of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OF RACE H Under 1 Year act birthday) Months Days Hours Min. IOA. USUAL OCCUPATION (Give kind of) 108, KIND OF BUSINESS OR 12 CITIZEN OF oreigh country ork dene during most of working life, even if retired) INDUSTRY Horesew is HER'S NAME 14. MOTHER'S MAPBEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 313 M. Bruc no or dnknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH (B) Valvular Heart Disease DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21A. ACCIDENT, SUICIDE. 218, PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) (Specify) about home, farm, factory, street, office bldg., etc.) HOMICIDE INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY WHILF AT NOT WHILE AT WORK Wov 18, 1950, that I last saw the 1949, to 22. I hereby certify that I attended the deceased from May deceased alive on MV 13, 1917, and that death occurred at 3 P.m., from the causes and on the date stated above. 284. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED M D. 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE VS 150



### CERTIFICATE OF DEATH Registered No. 9954 BALTIMORE CITY HEALTH DEPARTMENT

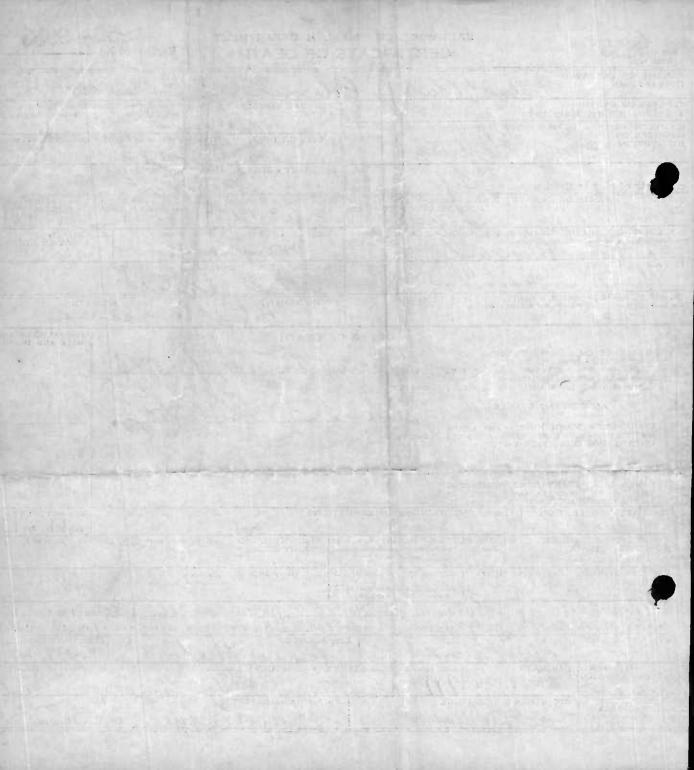
BIRTH NO. U.S. M. C.	E OF BEATTI
1. NAME OF DECEASED (Type or Print) JESSIE DAVIS	2. DATE of November 19, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION 929 W. Lexington Street	
Yrs.  Mos. Days	D. STREET ADDRESS (If rural, give location)
Male Colored 7. Single, Married. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years   If Under 1 Year   If Under 24 Hours
10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR rk done during most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or tereign country)  12. CITIZEN OF WHAT COUNTRY?
IS. FATHER'S NAME Davis Sr.	14. MOTHER'S MAIDEN NAME
(d. no orymbnown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	Sarah Davis 929W. Lex. St
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  ANTECEDENT CAUSES  (B)	yxiation due to aspiration of vomitus bral palsy due to erythro astosis fetalis
TO THE DISEASE OR CONDITION CAUSING IT.	
21A. EXTERNAL CAUSE WAS UNDERLYING X OR CONTRIB. about home, farm, factory, street, office bidg., UTING CAUSE OF DEATH. home  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR NJURY 19, 1950 ? A m. WHILE AT WORK AT WORK  22. I certify that I took charge of the remains described of	in or 21C. WHERE DID (If in Baltimore City, give exact location) 1NJURY OCCUR? 929 W. Lexington Street 21F. HOW DID INJURY OCCUR?  Aspiration of vomitus above, held an Autopsy Autopsy, Inspection or Inquiry  Autopsy, Inspection or Inquiry
and death in my opinion resulted from: natural cause	Inquiry, find that said deceased died on the day stated above, s , accident , suicide , homicide , undetermined .    238. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 11-20-50
24A. BURIAL. CREMA: 24B. DATE 24C. NAME OF CEMETE (DN.) LEMOVAL (Specify) //-2/-/85-0 907 Cul	Tush Cem. Ballo - Mol.
OCAL REGISTRAR  OCAL REGISTRAR  OCAL REGISTRAR	Mrs late & Williams M. Schrody
S 151 N - 933.0	195 d



50- 9955 Registered No. BALTIMORE CITY HEALTH DEPARTMENT CEPTIFICATE OF DEATH

IRTH NO.	L OF DEATH	
NAME OF DECEASED Viola (Powell)	Edenis 2. DATE OF DEATH Nov.	16,1950
. PLACE OF DEATH: . Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If i	institution : residence before admission
FULL NAME OF (If not in hospital or institution, give street address of OSPITAL OR		1
NSTITUTION Merry Gospital	c. CITY OR TOWN Alf outside corporate limits	write RUHAL and give township
Yrs, Mos.		
gth of stay in Baltimore Days	1023 Morres T.	
Tensel negro WIDONED, DIVORCED (Specifi	8 DATE OF BIRTH 9. AGE (In years last birthday) Mon	Under 1 Year II Under 24 Hounths Days Hours Min
DA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTR	y Was Asset (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	9 3.
grahame Johnson	Celeste Powell	
5. WAS DECEASED EVER IN 0, 9. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	DDRESS
10 -65		INTERVAL BETWEE
	OF DEATH	ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	BB 1 +00	2
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	mo ancesa, fresa 100	Ce.
ANTECEDENT CAUSES	of post	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CON-		
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
no no		YES NO L
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.		ive exact location)
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURE	RED 21F. HOW DID INJURY OCCUR?	
m. WHILE AT NOT WHILE AT WORK AT WORK		
22. I hereby certify that I attended the deceased from Me	N/5 , 1959 to New 16 , 1950	that I last saw th
deceased alive on 20016, 19 50, and that death occu	erred at 10:35 Am., from the causes and on the	e date stated above
7.1 8/2	23B. ADDRESS	23c. DATE SIGNED
44 BURIAL CREMA- ZAB. DATE 24C. NAME OF CEMET	ERY OF CREMATOR 240. LOCATION (City, town,	or county) (State)
Delical NOV 22 1950 M. Cu	born Datherox	J mo
ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS 436

VS 150



623 50- 9956

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50- 9956
Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Lola A. Herget	2. DATE. OF DEATH 11-19-50
3. PLACE OF DEATH:  A. Baltimore City, Maryland  Balto	4. USUAL RESIDENCE (Where deceased lived, If institution: residence  A. STATE  B. COUNTY  before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
INSTITUTION -	LINTHICUM HEIGHTS, township)
St-agnes Husp.	D. STREET ADDRESS (If rural, give location)
rth of stay in Baltimore Mos. Days	212 FORT MEADE ROAD
5.1 X 6. COLOR OR RACE 7. SINGLE MARRIED WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years) If Under I Year   If Under 24 House
FEMALE WHITE. MARRIED (Specify)	JUNE 6, 1903 last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Givekindel) 10B. KIND OF BUSINESS OR	II. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
ork done during most of working life, even if retired) INDUSTRY	AULT COLLEGE
HOUSE WORK OWN HOME	LINTHICUM HEIGHTS MD W.S
wet)	14. MOTHER'S MAIDEN NAME
KICHARD T. FORD	URZULA TURNER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT 212 FORT. MEADE ROAD
NO NONE	K.M. HERGET. LINTHICUM HEIGHTS, MD.
18. 581.0 CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g., (A)	one Epophagent 12 mm
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO	
Van	cle & marsing
ANTECEDENT CAUSES	emonlose on
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(c)	(over)
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	The state of the s
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
	YES NO
2 IA. ACCIDENT WAS UNDER. LYING☐ OR CONTRIBUTING☐ CAUSE OF DEATH	a or 21c. WHERE DID (If in Baltimore City, give exact location) injury OCCUR?
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRE	D 21F. HOW DID INJURY OCCUR?
NJURY WHILE AT NOT WHILE	
m.   WORK   AT WORK	15.11 10571 / 11.016 10.50
deceased alive on 1/= 19 10 50 white deceased from	red at 9 150, to 11-19, 1950, that I last saw the
23A. SIGNATURE /	3B. ADDRESS 23c. DATE SIGNED
Aptomoush' M.O.	St-Gnes Horn 11-26-50
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	
BURIAL NOV. 22, 1950 GLEN HAY	
BURIAL NOV. 22, 1950 TLEN HANDATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
OCAL REGISTRAR	OVE 1
10V-211950	17 Vingtalon , Silen offerne My
VS 150	10.0
	12412

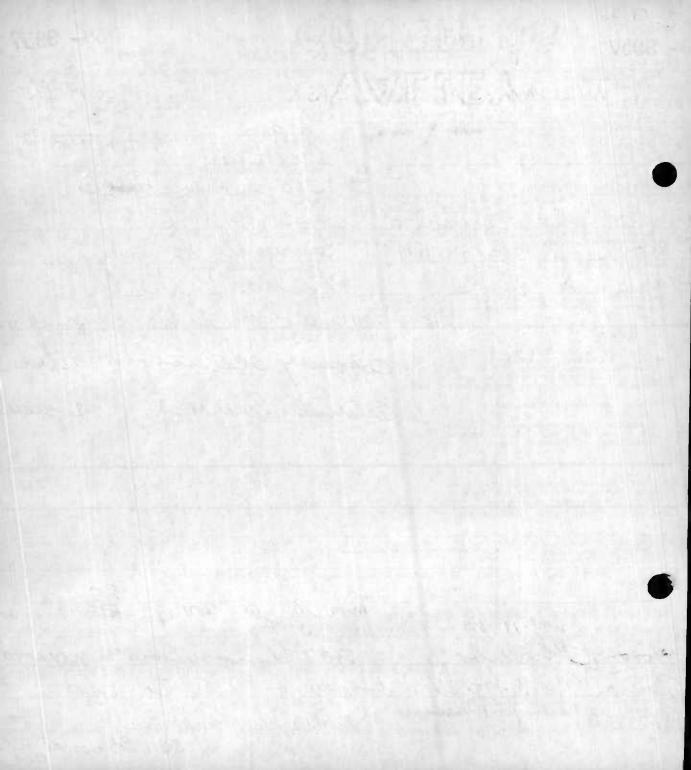
See Document file 50-9956

"Probably cirrhosis of the liver"

12/4/50
ES

4	, –	
1_	99	57
BIRT	H NO.	<i>y</i> ,
	or Pr	

	9957	,	BALT	IMORE CITY	HEALTH D	EPARTMENT		50	J- 9957
В	RTH NO.		С	ERTIFICA	TE OF D	EATH	Regis	stered No	
	NAME OF D 'ype or Print)	WILLIAN	N-JAC	KSON	SISK		2. DATE OF DEATH	now	19-1950
3. A.	PLACE OF D Baltimore	City, Maryland /			4. USUAL	RESIDENCE (			
a. H	FULL NAME OSPITAL OR ISTITUTION			, give street addres locati		R TOWN (I	f outside com	rate limits, wr	ige RUPAL and give
Ö	Λ			8011	Ba	ltimor	e 2	5	township)
c.	Length of s	stay in Baltimore		13 YI		Syca	rufal, give loca		Sh.
5.	Male	6. COLOR DR RACE		MARRIED.	B. DATE O		9. AGE (In	years If Under	Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND O	F BUSINESS OR	BIRTHE BOT	PLACE (State or 1	foreign country		CITIZEN OF WHAT COUNTRY?
13	FATHER'S	NAME	. 127	CAILROAD	14. MOTHE	ER'S MAIDEN A	LAME 1	•	
15	rillia	m N. O	isk		Zai	ira /	Jurk	e ·	
Yes	i, oo or unkoown)	ED EVER IN U. S. ARME (If yea, give war or date	be of service)	6. SOCIAL SECURITY NO 15-12-127	7 auni	MANT	Sisk 1	ADDR	icam me St
		0.1	900	CAUS	E OF DEAT	Н			NTERVAL BETWEEN
		SE OR CONDITION LEADING TO DEA	TH	/	n ma are	1 occ	Posse	mi	2 less
	heart failu	not mean the mode oure, asthenia, etc. It mea	of dying, e.g.,	(A)(O	00000	1000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		2000
	injury or	complication which	ans the disease, caused death.)	DUE TO	/		_		
7	injury or	complication which a	caused death.)	DUE TO	terial	Seler	osés.		2 years
NO	DISEASE RISE TO 1	ANTECEDENT CAUS  S OR CONDITIONS, I	caused death.) SES IF ANY, GIVING STATING THE	DUE TO	terial	Seler	osés.		2 years
וכאווסוא	DISEASE RISE TO 1	ANTECEDENT CAUS	caused death.) SES IF ANY, GIVING STATING THE	(B) are	terial	Seler	osés.		2 years
NOUNCE	DISEASE RISE TO T UNDERLY	ANTECEDENT CAUS S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	caused death.) SES OF ANY, GIVING STATING THE AST.	(B) Que TO	terial	Seler	osés.		2 year
CERTIFICATION	DISEASE RISE TO I UNDERL'	ANTECEDENT CAUS  S OR CONDITIONS, I  THE ABOVE CAUSE (A)  YING CONDITION LA	caused death.) SES IF ANY, GIVING STATING THE AST. ITIONS CON- NOT RELATED	(B) Que TO	terial	Seler	osés.		2 year
A CENTIFICATION	DISEASE RISE TD 1 UNDERL' OTHER S TRIBUTING TO THE D	ANTECEDENT CAUS S OR CONDITIONS, IN THE ABOVE CAUSE (A) YING CONDITION LA  BIGNIFICANT CONDITION TO THE DEATH, BUT INSEASE, OR CONDITION	caused death.) SES IF ANY, GIVING STATING THE AST. ITIONS CDN- NOT RELATED N CAUSING IT.	(B) Que TO	terial	Seler	osés.		2 - ylan
DICAL CERTIFICATION	OTHER STRIBUTING TO THE D	ANTECEDENT CAUSE SOR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA  SIGNIFICANT CONDITION STATE THE DEATH, BUT INSEASE OR CONDITION OF OPERATION DESTRUCTORY RECONTRIBUTING	caused death.) SES IF ANY, GIVING STATING THE AST. ITIONS CDN- NOT RELATED N CAUSING IT. 198. MAJOR FI	(B) Oru	PERATION  8., io or   21c. W	Seler	oses.	e City, give o	YES NO
MEDICAL CENTICATION	OTHER S TRIBUTING TO THE D  19A. DATE C  21A. ACCID LYING OF CAUSE OF	ANTECEDENT CAUSE SOR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA  SIGNIFICANT CONDITION STATE THE DEATH, BUT INSEASE OR CONDITION OF OPERATION DESTRUCTORY RECONTRIBUTING	caused death.) SES IF ANY, GIVING STATING THE AST. ITIONS CDN- NOT RELATED N CAUSING IT. 19B. MAJOR FI 21B. PLACE about home, farm,	(B) OF OF	PERATION  g., io or 21c. W dg.,etc.) INJUR	Seler	oses.	e City, give e	YES NO
MEDICAL CENTIFICATION	OTHER S TRIBUTING TO THE D  19A. DATE C  LYING OF	ANTECEDENT CAUSE SOR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA  BIGNIFICANT CONDITION STOTHE DEATH, BUT INSEASE OR CONDITION OF OPERATION DEATH CONTRIBUTING DEATH	caused death.) SES IF ANY, GIVING STATING THE AST.  ITIONS CDN- NDT RELATED CAUSING IT.  19B. MAJOR FI  21B. PLACE about home, farm, (Hour) 21E WHIL	(B) OF OF OR INDINGS OF OR INJURY (e., factory, street, office bi	PERATION  g., io or 21C. W INJURY  RRED 21F. HO	Seler	oses.	re City, give o	YES NO
MEDICAL CERTIFICATION	OTHER STRIBUTION TO THE DISA. DATE COLLYING OF CAUSE OF C	ANTECEDENT CAUSES OR CONDITIONS, IT THE ABOVE CAUSE (A) YING CONDITION LAST OF CONDITION DE CONDITION DE CONTRIBUTION DE CONTRIBUTING DE CONTRIBUTION DE CONTR	caused death.)  SES  IF ANY, GIVING STATING THE AST.  ITIONS CDN. NDT RELATED N CAUSING IT.  19B. MAJOR FI  21B. PLACE about home, farm, WHIL M. Wot	DUE TO  (C)  INDINGS OF OF  E OF INJURY (e., factory, street, office bl  E. INJURY OCCU  LE AT NOT WH  OR AT WO  Consed from	PERATION  g., io or 21c. W INJURY  RRED 21F. HO	HERE DID (Y OCCUR?	If in Baltimor	50	YES NO Rexact location)
אובטוכעד כבעוובוסא	OTHER STRIBUTING TO THE DISA. DATE COLLYING OF CAUSE OF C	ANTECEDENT CAUSE OF CONDITIONS, IT THE ABOVE CAUSE (A) YING CONDITION LA STATE OF CONDITION LA STATE OF CONDITION OF OPERATION TO CONTRIBUTING DEATH  (Month) (Day) (Year) The Contribution of Contributing DEATH  (Month) (Day) (Year) The Contribution of Contributing DEATH  (Month) (Day) (Year)	caused death.)  SES  IF ANY, GIVING STATING THE AST.  ITIONS CDN-NOT RELATED N CAUSING IT.  19B. MAJOR FI  21B. PLACE about home, (arm, wo)  (Hour) 21E WHILL WO  tended the death, 1910, and	DUE TO  (C)  INDINGS OF OF  E OF INJURY (e., factory, street, office bl  E. INJURY OCCU  LE AT NOT WH  OR AT WO  Consed from	PERATION  g., io or 21c. W injury  RRED 21f. Ho  ILE	HERE DID Y OCCUR?  DW DID INJUR  19 6 to 1	If in Baltimor	50	YES NO Rexact location)
MEDICAL CENTICATION	OTHER STRIBUTION TO THE DISA. DATE COLLYING OF CAUSE OF C	ANTECEDENT CAUSE OF CONDITIONS, IT THE ABOVE CAUSE (A) YING CONDITION LA STATE OF CONDITION LA STATE OF CONDITION OF OPERATION TO CONTRIBUTING DEATH  (Month) (Day) (Year) The Contribution of Contributing DEATH  (Month) (Day) (Year) The Contribution of Contributing DEATH  (Month) (Day) (Year)	caused death.)  SES  IF ANY, GIVING STATING THE AST.  ITIONS CDN. NDT RELATED N CAUSING IT.  19B. MAJOR FI  21B. PLACE about home, farm, WHIL M. Wot	DUE TO  (C)  INDINGS OF OF  E OF INJURY (e., factory, street, office bl  E. INJURY OCCU  LE AT NOT WH  OR AT WO  Consed from	PERATION  g., io or 21c. W INJURY  RRED 21F. HO	HERE DID Y OCCUR?  DW DID INJUR  19 6 to 1	If in Baltimor	5 0 _, 19 5 fm nd on the do	exact location)  at I last saw the ate stated above.
MEDICAL CENTICATION	OTHER STRIBUTING TO THE D  19A. DATE C  21A. ACCIE LYING OF CAUSE OF  19 TIME NJURY  22. I hereb deceased a 23A, SIGNA	ANTECEDENT CAUSE SOR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA  SIGNIFICANT CONDITION SO TO THE DEATH, BUT INSEASE OR CONDITION DE OPERATION DEATH (Month) (Day) (Year) TURE TURE TURE  ANTECEDENT WAS UNDER. R CONTRIBUTING DEATH (Month) (Day) (Year)	caused death.)  SES  IF ANY, GIVING STATING THE AST.  ITIONS CDN-NOT RELATED N CAUSING IT.  198. MAJOR FI  218. PLACE about home, farm,  (Hour) 21e  woth the death of the dea	DUE TO  (C)  INDINGS OF OF  E OF INJURY (e., factory, street, office bl  E. INJURY OCCU  LE AT NOT WH  OR AT WO  Consed from	PERATION  g., io or 21c. W injury  RRED 21f. Ho  ILE	HERE DID Y OCCUR?  DW DID INJUR  19 6 to 1	If in Baltimor	5 0 _, 19 5 fm nd on the do	exact location)  at I last saw the late stated above. In the late of the late
MEDICAL CERTIFICATION	OTHER STRIBUTING TO THE DISA. DATE COLLYING OF CAUSE OF C	ANTECEDENT CAUSE  SOR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA  SIGNIFICANT CONDITION OF OPERATION  DENT WAS UNDER. R CONTRIBUTING DEATH (Month) (Day) (Year)  TURE CREMA: 24B. DATE Expecify, 24B. DATE Expecify, 24B. DATE	caused death.)  SES  IF ANY, GIVING STATING THE AST.  ITIONS CDN-NOT RELATED N CAUSING IT.  198. MAJOR FI  218. PLACE about home, farm,  (Hour) 21e  woth the death of the dea	DUE TO  (C)  INDINGS OF OF  E OF INJURY (c., factory, street, office bl  E, INJURY OCCU  LE AT NOT WH  AT WO  ceased from d  d that death oc	PERATION  8., io or 21c. W INJURY  RRED 21f. HO  Curred at 5 <sup>th</sup> 238. ADDRES  33078  TERY OR CREM	HERE DID (Y OCCUR?  DW DID INJUR  DO M., from 1	If in Baltimor	, 10 F Ind and on the de ty, town, or co	at I last saw the ate stated above.  C. DATE SIGNED (State)
D.A	OTHER STRIBUTING TO THE D  19A. DATE C  21A. ACCIE LYING OF CAUSE OF  19 TIME NJURY  22. I hereb deceased a 23A, SIGNA	ANTECEDENT CAUSE  S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA  SIGNIFICANT CONDITION STOTHE DEATH, BUT INSEASE OR CONDITION DENT WAS UNDER- R CONTRIBUTING DEATH (Month) (Day) (Year)  TURE  TURE  CREMA- 24B. DATE Specify TARE  D BY REGISTRARE	caused death.)  SES  IF ANY, GIVING STATING THE AST.  ITIONS CDN-NOT RELATED N CAUSING IT.  198. MAJOR FI  218. PLACE about home, farm,  (Hour) 21e  woth the death of the dea	DUE TO  (C)  INDINGS OF OF  E OF INJURY (c., factory, street, office bl  E, INJURY OCCU  LE AT NOT WH  AT WO  ceased from d  d that death oc	PERATION  g., io or 21c. W injury  RRED 21f. Ho  ILE	HERE DID (Y OCCUR?  DW DID INJUR  DO M., from 1	If in Baltimor	, 10 F Ind and on the de ty, town, or co	exact location)  at I last saw the late stated above. In the late of the late
D.A	OTHER STRIBUTING TO THE D  19A. DATE C  21A. ACCID LYING OCAUSE OF  22. I hereb deceased a  23A. SIGNA  A. BURIAL BEMOVAL (S  TE RECEIVE	ANTECEDENT CAUSE  S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA  SIGNIFICANT CONDITION STOTHE DEATH, BUT INSEASE OR CONDITION DENT WAS UNDER- R CONTRIBUTING DEATH (Month) (Day) (Year)  TURE  TURE  CREMA- 24B. DATE Specify TARE  D BY REGISTRARE	caused death.) SES IF ANY, GIVING STATING THE AST.  ITIONS CDN-NDT RELATED CAUSING IT. 198. MAJOR FI  218. PLACE about home, farm, with the cause of the death of	DUE TO  (C)  INDINGS OF OF  E OF INJURY (c., factory, street, office bl  E, INJURY OCCU  LE AT NOT WH  AT WO  ceased from d  d that death oc	PERATION  E., io or 21c. W injury  RRED 21f. HO  Curred at 5 x  23B. ADDRES  33 8 7 8  TERY OR CREM  25. FUNER  WILL  WILL  LE  LE  LE  LE  LE  LE  LE  LE  LE	HERE DID (Y OCCUR?  DW DID INJUR  DO M., from 1	If in Baltimor	on the do	at I last saw the ate stated above.  C. DATE SIGNED (State)



2	5	1
0-	99	58
BIRTH	NO.	

# CERTIFICATE OF DEATH

Registered No. 9958

1.	NAME OF D	ECEASE	rles	24.	Hawt	Sin			OF DEATH	nor	1950
	Baltimore (	City, Ma					A. USUAL RESIDI	ENCE (Whe			: residence ore admission)
	FULL NAME OSPITAL OR	OF (I	f not in hospit	al or institu	tion, give street a	ddress or		A (10			07
11	STITUTION	m	erey	Ho	spila		c. CITY OR TOWN	-	tside corporate lin	Trite RI	ML and give township)
c.	angth of s	tav in F	Baltimore		U	Yrs. Mos. Days	D. STREET ADDRE	SS Of ru	give location)		
5.	SEX		OR AR RACE		E. MARRIED.		8. DATE OF BIRTH	1 1	AGE (In years)	If Under 1 Year	If Under 24 Hours
10	m	L	rh	Du	WED, DIVORCED		27 aug 18	66	8st birthday)	9 9 9	
or]	A. USUAL OC k done during most of	of working li	ON (Give kind of fe, even if retired)	108. KIN		S OR DUSTRY	11. BIRTHAVACE (S	State or fore	ign country)	U.S. CITIZ	ZEN OF T COUNTRY?
13	FATHER'S	NAME					14 MOTHER'S MA	IDEN NAM	E	1007	
1 5	Edw		1 74	an-	und		trane	in to	sense	w	
Ye	6, no or unknown)	(If yes,	N U, S. ARMEI give war or date	o FORCES?	16. SOCIAL SECURIT	Y NO. 7	Mrs. M Cla	ery	2611 9.	ADDRESS	1 ave
	18. 2. 2	1 1		711708	C	AUSE (	OF DEATH	0	0	INTER	VAL BETWEEN
ř	matel mark	/ X	ONDITION	DIRECTIV		1032	1 DEATH	A SOLU		ONSE	T AND DEATH
		LEADIN	IG TO DEA	TH		nel	MANDAN	Abs a	carle	7 4	ADA
	heart failu	re, asthen	n the mode o	ns the disea	se.					.Z	
	injury or	complica	tion which	caused deat	h.) DUE TO						
	200 C / C	ANTECE	DENT CAUS	SES		, T.	2111	A D 41 M	A A		
0	DISEASES	S OR CO	NDITIONS, I	F ANY GIVE	NG (B)U						***************************************
	RISE TO T	HE ABOV	E CAUSE (A)	STATING T	HE DUE TO						
Ü	ONDERE	ind co	NOTITON L	431.							
I.			11		(C)		***************************************				
2	OTHER S	IGNIFIC	ANT COND	ITIONS CO	N-				BUILDIN		
Ш	TRIBUTING	TO THE	R CONDITION	NOT RELAT	'ED	••••			***************************************		************************
,	19A. DATE O				FINDINGS O	F OPER	ATION	-10		20.	AUTOPSY?
Y.	mo	ne					S. S. T. S. S.			YES	NO
	21A. ACCIDE HOMICIDE	NT, SUI		218. PL	ACE OF INJUR	Y (e. g., in	or 21c. WHERE D	ID (If i	n Baltimore City	, give exact	location)
/E	mo		•								
	21D. TIME (		(Day) (Year)	(Hour)	21E. INJURY C	CCURRE	D 21F. HOW DID	INJURY C	CCUR?		
	NJURY			m.	WHILE AT N	OT WHILE					
	22 I hough	a contif			deceased from	2	Nov , 195	1,21	10	5 Ochat I	last saw the
	deceased al		1/ 1/	1950	and that deal	h occur	red at 2:17am.	from the	causes and on	the date o	tated above
	23A SISNAT		^ _	, 10.	and that dear		B. ADDRESS	, Tronc the	causes and on		ATE SIGNED
Ц	1	May	cur '	十.	while	ф. р.	Mercy	1	popular	214	N-195
24	AA. BURIAL. C	REMA-	24B. DATE	7 7 1 1 1 1	24c. NAME OF	CEMETER	RY OR CREMATORY	24D. LOC	ATION (City, tow	n, or county)	(State)
115	JURIAN		11-31	1-50	CA	THE	DRAL	(	さリナン		
	ATE RECEIVE	D BY	REGISTRAR'			1	25 PUNERAL DIR	ECTOR	J	ADDRES	S
LC	NOV 211	RAR 950	Limb and	leven !	Villiance A	(.)	Alin	1	110	1)	0830
-	1403 611	3301		45	)())	4	ffelle	fela	y y	me!	
	VS 150			Aut.			Theen	rever	68	7200	Pla
							0		000	0 1	1

- 9959			CERTIFICATI			5U- 9959 ed No.
BIRTH NO.						
. NAME OF DE Type or Print)		EPHEN	HUGLL		2. DATE OF DEATH	1/20/50
	ity, Maryland			A. STATE	ENCE (Where deceased liver B. COUNT)	
STITUTION	Victorial designation		ion, give street address or location)	C. CITY OR TOWN	(If outside corporate l	i hits, write RURAL and give township)
00	427	East.	North Ave	Laltimor		
	ay in Baltimore		Yrs. Mos. Days	p. STREET ADDRE		
Male	6.COLOR OR RACE		E, MARRIED, VED, DIVORCED (Specify) 1ed	8. DATE OF BIRTH		Months Days Hours Min.
rk done during most of	UPATION (Give kind of working life, even if retired)		OF BUSINESS OR	11. BIRTHPLACE (S	State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S N	k Smith		undry-Noppers	0 1/4	TNGARV TO	
	eph Hugll	Nonfe	enko o s	14. MOTHER'S MA	1 /	
5. WAS DECEASE	D EVER IN U. S. ARMED (If yes, give war or dates	FORCES?	16, SOCIAL SECURITY NO.	17. INFORMANT Mrs. Anna	Hugll-427 E.	ADDRESS North Ave
18. 1 -	-4v		CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASI	E OR CONDITION	DIRECTLY		o. PERIII		ONSET AND DEATH
	LEADING TO DEAT not mean the mode o	·LI	0	مال ممر الم	l Failus	1 hr.
heart failur	e, asthenia, etc. It mea:	f dying, e.g ns the diseas	e, (A)Y.	nyocarana	1 aims	1 24:
injury or	complication which c	aused death	.) DUE TO	V		
A	NTECEDENT CAUS	ES				
			(B)	remone	of Rectum	6 million
	OR CONDITIONS, IN		IG IE OUE TO			
UNDERLY	ING CONDITION LA	ST.	Gat	· · · · · · · ·	of Rectum Vascular dise	- > 1'
			(6)			20 2 44
	II.					
	GNIFICANT CONDITO THE DEATH, BUT					
TO THE OIS	SEASE OR CONDITION	CAUSING I	r			
1 1			FINDINGS OF OPER	ATION O VI A		20. AUTOPSY?
		Nut B		a of Reclu	w->	YES NO
	CONTRIBUTING		ACE OF INJURY (e. g., ic arm, factory, street, office bldg., c			ty, give exact location)
	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
NJURY		m. \	WORK NOT WHILE			
22. I hereby	certify that I att	ended the	deceased from O	ct 21 , 195	4 to Nov 20,1	9.50 that I last saw the
deceased ali	ve on Nov.19	. 1950	and that death occur	red at 1205m.	from the causes and o	n the date stated above.
23A. SIGNAT	URE		2	3B. ADDRESS	. 11	23c. DATE SIGNED
3	seple Fre	edur	м. р.	404 8.	North ave	
4A. BURIAL.	REMA-0248. DATE Decify) 11/22/5		24C. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (City, to	own, or county) (State)
Burial	11/22/5	50	Holy Rede	eemer Sem	City	
ATE RECEIVED		SSIGNATU		25. PUNERAL DIR		ADDRESS
OCAL REGISTR	QEO (	from 16/18	A ROY	WIEDER	FELD & SON	
VS 170	330 ammai	11/1/ VIII	Laures, Mari			OND
VS 150	400		50130	C. GREC'NI	MOUNT AVE & 2	046d

my to care in the stage of the same of the Annual Control of the January Freduction and Market Land

50- 9950

- 9960			CERTIFICAT			l No
1. NAME OF DEC (Type or Print)	MR PE	TERI JO	SEAH. McGi	WYTV	2. DATE OF NO	VEMBER 19TR 191
3. PLACE OF DE A. Baltimore Ci B. FULL NAME OF HOSPITAL OR CONSTITUTION	ty, Maryland	tal or instituti	ion, give street address or	4. USUAL RESIDE	NCE (Where deceased lived, B. COUNTY)	
c. Length of sta	y in Baltimore	23	Yrs. Mos Days	D. STREET ADDRE	SS (If rural, give location)	ENUE
	WHITE	7. STIVELE	MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year Months Days Hours Min.
ork done during most of a	JPATION (Give kind of orking life, even if retired)	10B. KIND	OF BUSINESS OR	PITTSBURG	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY
	MC GINX			CATHER!	DEN NAME NZ BUCKLEY	
15. WAS DECEASED Yes, no or unknown)	EVER IN U.S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT MATIENT	TE SON	ADDRESS 273 Kolabira Aue Balto 27
(This does heart failure injury or of the control o	OR CONDITION LEADING TO DEA not mean the mode to asthenia, etc. It me omplication which NTECEDENT CAU OR CONDITIONS, E ABOVE CAUSE (A) NG CONDITION L	ATH of dying, e. g ans the diseas caused death SES  IF ANY, GIVIN D STATING TH	(A) Freu  (B) DUE TD  (B)  (B)		bral thromboses  Cardiovosculus  Disease  thrombosis	<i></i>
TRIBUTING	SNIFICANT COND TO THE DEATH, BUT EASE DR CONDITION	NDT RELATE	D Dias		ellities	years
19A. DATE OF	OPERATION	19B, MAJOR	FINDINGS OF OPER	ATION		YES NO
INJURY 22. I herehu	(Specify) onth) (Day) (Year certify that I at se onhorenter 19	about home, for	and that death occur	injury occur  2 if. How Did  18 1950  red at 646 p.m., 38. ADDRESS		that I last saw the the date stated above.
24A. BURIAL, CR	ecify)		24c. NAME OF CEMETE	RY DR CREMATORY	24D. LOCATION (City, tow	
DATE RECEIVED LOCAL REGISTR	BY   REGISTRAR		Oak Lawn	Cemetery 25 FUNERAL DIRE	7 /	ADDRESS
VS 150		Ğ.	773 93	10		061.0

also seed a to see of the last

0- 9961		CERTIFICATE	EALTH DEPARTMENT OF DEATH	NT Registered	5U- 9951 No.
I. NAME OF DECEASED				L2 DATE	
(Type or Print)	John W.	Reiss			11-18-50
3. PLACE OF DEATH:  A. Baltimore City, Mary	land Balto		4. USUAL RESIDENCE	B. COUNTY	If institution: residence before admission
B. FULL NAME OF (If no HOSPITAL OR INSTITUTION		tion, give street address or location)	c. CITY OR TOWN	(If outside corporate lim	ots, write RURAS, and giv township
4,70	) WOOLLEA 1	Yrs.	D. STREET ADDRESS		
c. Length of stay in Balt		fe Mos.	Li503 Wood	llea Avenue	
M 6.COLOR C	Mari	E. MARRIED. VED. DIVORCED (Specify) ried	8. DATE OF BIRTH  11-12- 94	9. AGE (In years last birthday)	Il Under 1 Year of Under 24 Hours Min.
10A. USUAL OCCUPATION ( work done during most of working life, ev Personell Mgr.	en if retired)	of Business or INDUSTRY e Brass Copper	Baltimor		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN		N. Control
	Charles Reis	ss	Margaret		
15. WAS DECEASED EVER IN U	, S. ARMED FORCES? war or dates of service)	16. SOCIAL	17. INFORMANT		ADDRESS
(100, 100 of dissions)	wal or duois or sorrior,	SECURITY NO.	Lillian Reis	ss- 4503 Woodl	ea Ave
18. 162X		CAUSE	OF DEATH	ATOM (TOTAL)	INTERVAL BETWEE
DISEASES OR CONDI	which caused death  NT CAUSES  ITIONS, IF ANY, GIVIN  AUSE (A) STATING TH  ITION LAST.  IT  CONDITIONS CON  ATH, BUT NOT RELATE	(8)	oma of right we has took to	mediastiu	um
194 DATE OF OPERATI		R FINDINGS OF OPER	ATION		20. AUTOPSY?
14					YES NO
21A. ACCIDENT WAS L LYING OR CONTRIBI CAUSE OF DEATH	THE LINE AND ADDRESS OF	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		(If in Baltimore City	, give exact location)
OF INJURY (Month) (Da		21E. INJURY OCCURRING WHILE AT WORK		URY OCCUR1	
22. I hereby certify to	hat I attended the	deceased from Xu	ne 29 1950/to	Nov 18 , 19	10, that I last saw th
deceased alive on he	18 , 1950	and that death occur	rred at J. 45P m., from	m the causes and on	the date stated abov
23A. SIGNATURE	loven	м. р.	1122 Mufre	R. Betily	In lur 20.50
24A. BURIAL, CREMA- 248 TION, REMOVAL (Specify)	B. DATE		RY OR CREMATORY 24		
Burial	11-23-50		eemer Cemetery	Baltimore,	
DATE RECEIVED BY REC	GISTRAR'S SIGNATU	JRE	25. FUNERAL DIRECTO		ADDRESS
MUV Z 1 195UHT	12 / W	Could his	Lilly & Zeile	er- 403 S. Wo.	lfe Street
VS 150	- 1 - 0	723C	Xdex Zoil		0472

Diskloven -7122 Hayford Red John T. Retuser fill .o. Let Districted M.F. Period Division Control . All the second the second 1944 (\$ 1940) - 1014 (\$ 146) 

620

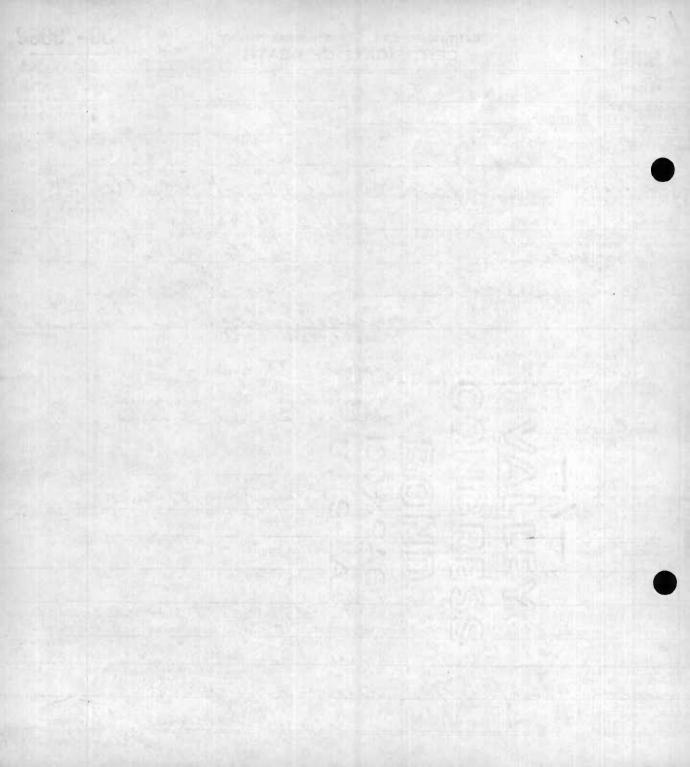
1. NAME OF DECEASED

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50- 9962 Registered No.

2. DATE

ALICE DUR	ICE DEATH 19 N	0 V 20
. PLACE OF DEATH: . Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If insti	tution : residence before admission)
FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR (If not in hospital or institution, give street address or OSPITAL OR (If not in hospital or institution, give street address or OSPITAL OR (If not in hospital or institution, give street address or OSPITAL OR (If not in hospital or institution, give street address or OSPITAL OR (If not in hospital or institution, give street address or OSPITAL OR (If not in hospital or institution, give street address or OSPITAL OR (If not in hospital or institution, give street address or OSPITAL OR (If not in hospital or institution)	c. CITY OR TOWN (If outside corporale isnit, wh	ite RERAL and give
NSTITUTION (27 N. Carry St	Ballo 10	township)
Yrs. Mos.	Ø. STREET ADDRESS (If rural, give location)	20
Length of stay in Baltimore Days  6. Color or RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTY 9. AGE (In years) If Under	1 Year   If Under 24 Hours
Female Colored 7. SINGLE, MARRIED. WIDOWEDDIVORCED (Specify)		Days Hours Min.
DA. USUAL OCCUPATION (Give kind of k done during most of working life, over if retired)  10B. KIND OF BUSINESS OR INDUSTRY		CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	4-0-11
David Burke	Sara Parran	
5. WAS DECEASED EVER IN U. S. ARNED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	E52 6 7 0+
	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	- A	ONOL! AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	ral thrombons	= <b></b>
injury or complication which caused death.) DUE TO	rtensine and arterioselustic	
(B) Car	dis vascular disease	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
(c)		
OTHER SIGNIFICANT CONDITIONS CON-	metastacis from st. breat	
19A. DATE OF OPERATION () 19B. MAJOR, FINDINGS OF OPER	RATION	20. AUTOPSY?
		YES NO
21a. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21b. PLACE OF INJURY (e. g., about home, farm, factory, atreet, office bldg.,		exact location)
TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURE	RED 21F. HOW DID INJURY OCCUR?	
m. WHILE AT NOT WHILE AT WORK AT WORK		
22. I hereby certify that I, attended the deceased from 1	9 Sept , 1950, to 19 Nov, 1950, th	hat I last saw the
deceased alive on 18 Nov , 19 50 and that death occu	rred at 11 = Pm., from the causes and on the d	
Par SIGNATURE / At Change of .	ZSB. ADDITESS	O NOV 50
4A. BURIAL, CREMA- 24B. DATE / 24C. NAME OF CEMETI		county) (State)
Sunal 11/24/50 mtan	brun me	
OATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	DDRESS,
VOV 21 1950 with a Tollians, Mar	Med. H. Kelson	
vs 150 72 of	A 050.0 mes	servas 4
1208	12	



20	0
50	9963
DU-	0000

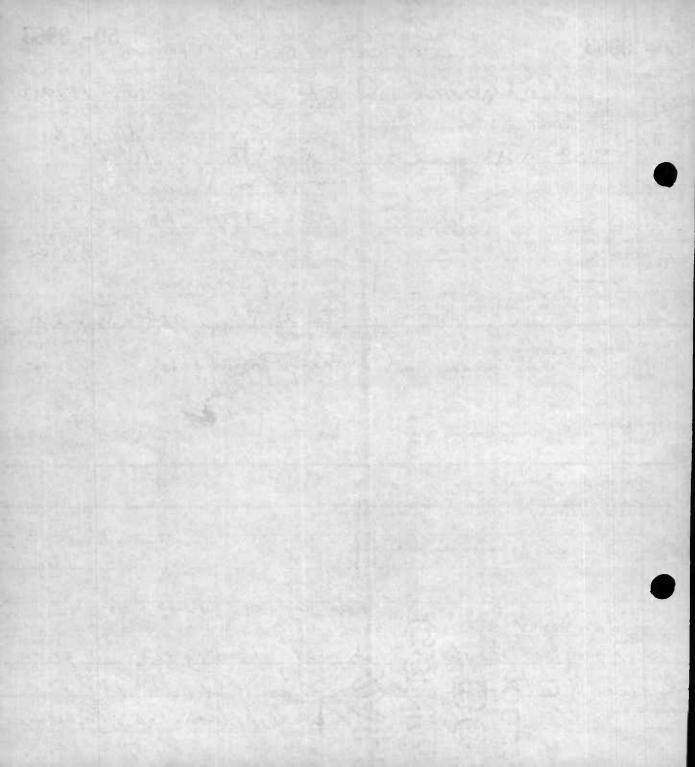
### BALTIMORE CITY HEALTH DEPARTMENT

50- 9963

BIRTH NO.	CERTIFICAT	E OF DEATH	Registered N	0,
1. NAME OF DECEASED (Type or Print)	ing C	04	2. DATE OF DEATH VOX	- 19.1950
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (V		
B. FULL NAME OF (If not in hospital or institution)  508 N.B.	tution, give street address of location  Yrs.			write RURAL and give township)
c. Length of stay in Baltimore	Cife Mos.	1 50 n as no 1	Bruce.	*
7   C   WIDO	GLE, MARRIED, OWED, DIVORCED (Specify	8. DATE OF BIRTH  Way 5. 1871	9. AGE (in years if Mon	Under Year II Under 24 Hours nths Days Hours Min.
ork done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTR	Y II. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	1. 290 c do	DDRESS
DISEASE OR CONDITION DIRECTL LEADING TO DEATH (This does not mean the mode of dying, a heart failure, asthenia, etc. It means the dise injury or complication which caused des  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	e.g., (A)ease, ath.) DUE TO	ronery Phromb	loss	ONSET AND DEATH
OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING THAT DISEASE OF CONDITIONS OF COND	ATED	RATION		
21A. ACCIDENT WAS UNDER. 21B. P	PLACE OF INJURY (e.g., me, farm, fac*ory, street, office bldg	in or   2 Ic. WHERE DID (	If in Baltimore City, g	YES NO
CAUSE OF DEATH  210. TIME (Month) (Day) (Year) (Hour)  NJURY  m.	21E. INJURY OCCURI	E	Y OCCUR?	
22. I hereby certify that I attended the deceased alive on WY 17, 1950 230 SIGNATURE	and that death occu			that I last saw the e date stated above.    23c. DATE SIGNED   11-21-5
244 BURIAL, CREMA-1248. DATE TION REMOVAL (Species)	2 Wester	ERY OR CREMATORY 24D. L	OCATION (City, town,	or county) (State)
DATE RECEIVED BY REGISTRAR'S SYNAL LOCAL TREGISTRAR	TURE	1818 . H. Kels	on 1303	Presolmen

VS 150

094a st.



620 0-996

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50- 9964

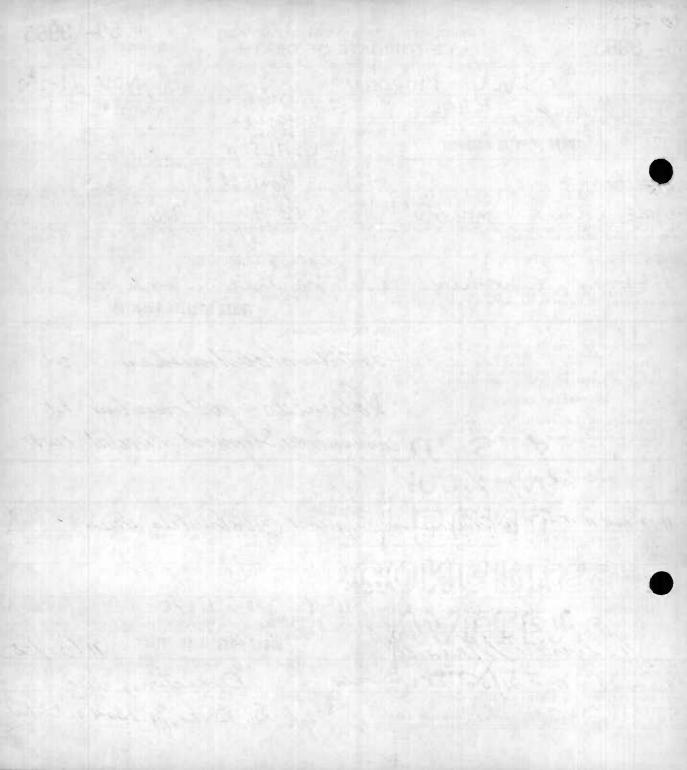


1.868 -	To be need to be needed as the	English to the A
	A CONTRACTOR OF THE STATE OF TH	
. Micsh	La Principal Market Service Company	
	. Provide a company of the state of the stat	

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

046 2

	IEALTH DEPARTMENT \(\sqrt{50-9}\)	965
DI- 9955 CERTIFICAT	E OF DEATH Registered No.	
1. NAME OF DECEASED (Type or Print) LUCY MORGAN	2. DATE OF DEATH NOV 21	-50
a. Baltimore City, Maryland  HAL 2		: residence ore admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION  INSTITUTION		RAL and give township)
Yrs. Mos	D. STREET ADDRESS (If rural, give location)	
c. A light of stay in Baltimore Days  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years) If Under I Year	If Under 24 Hours
FEMALE COLORED MARRIED (Specify	1-13-40 60	
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)  INDUSTRY	Y III. BIRTHPLACE (State or foreign country)   12. CITIZ   WHAT	EN OF T COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yee, no or unknown) (If yee, give war or dates of service)	17. INFORMANT (10) US(1 to 1) ADDRESS	
(1) yes, give war or dates of service) SECURITY NO.	HORES MOPKIES HOSPITAL	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	testinal obstruction : lvulus - post operation ! inoma Signoid Recetal !	ed d wh
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. gabout home, farm, factory, street, office bldg., CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRENT NOT WHILE AT WORK AT WORK AT WORK	fin or 21c. WHERE DID (If in Baltimore City, give exact INJURY OCCUR?  RED 21f. HOW DID INJURY OCCUR?	NO No location
22. I hereby certify that I attended the deceased from deceased alice on 11-21, 1950, and that death occu	11-8 $1950$ , to $11-21$ , $1950$ , that I lurred at $3.42$ m., from the causes and on the date st	
24A. BORIAL, CREMA- PIAN, REMOVAL (Specify)	eo Dealeton, Va	
LOCAL REGISTRAR REGISTRAR'S SIGNATURE	Soup B. Locks J. 1304 n.	



6	06	
50-	9966	
BIRTH	NO.	

50 0000

1) QUEE	CERTIFICATI	E OF DEATH	Registered No.	- 3300
. NAME OF DECEASED Type or Print) ELLEN	Ti	JRNER	2. DATE OF Novemb	on 10 1050
PLACE OF DEATH: Baltimore City, Maryland	*		DEATH WOVEIND E (Where deceased lived, If ins	er 12, 1950 stitution: residence belorg admission)
FULL NAME OF (If not in hospital or institut IOSPITAL OR NSTITUTION South Baltimore Ger	location)	Maryland c. CITY OR TOWN Baltimore	(If outside corporate limits, v	write RURAL and give township)
gth of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS 142 W. York		
	E. MARRIED, YED, DIYORCED (Specify).	9 - 18 - 189	9. AGE (In years of Unit last birthday) Month	for I Year If Under 24 Hours Days Hours Min.
rk done during most of working life, even if retired)	OF BUGINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country) 12	2. CITIZEN OF WHAT COUNTRY?
3. FATHER & NAME Worsly		Elma	Pusioe	
5. WAS DECEASED EVER IN U.S. ARMED FORCES? (If you, give wer or dates of service)	16. SOCIAL SECURITY NO.	May Pa	gon 528	W Curo D
LEADING TO DEATH (This does not mean the mode of dying, e. f. heart failure, asthenia, etc. It means the diseas injury or complication which caused death  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABDVE CAUSE (A) STATING THUNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATE TO THE DISEASE OR CONDITION CAUSING IT	(B)	nal hydrocephal	us	
	FINDINGS OF OPERA	ATION		20. AUTOPSY?
	CE OF INJURY (e. g., in arm, factory, street, office bldg., et		(If in Baltimore City, give	exact location)
INJURY	VHILE AT NOT WHILE AT WORK	D 21F, HOW DID INJ	URY OCCUR?	
22. I certify that I took charge of the the evidence obtained by said Auto	nsu. Inspection or In	Autop	sy, Inspection or Inquiry  l deceased died on the	thereon and from day stated above,
and death in my opinion resulted f	rom: <u>natural causes</u> M.	23B. CHIEF MEDICA	AL EXAMINER 23c. I	DATE SIGNED
ATE RECEIVED BY REGISTRAR'S SIGNATU	W. Calla		Bulk -	county) (State)
S 151	72081	+ b. sprig	087.	5

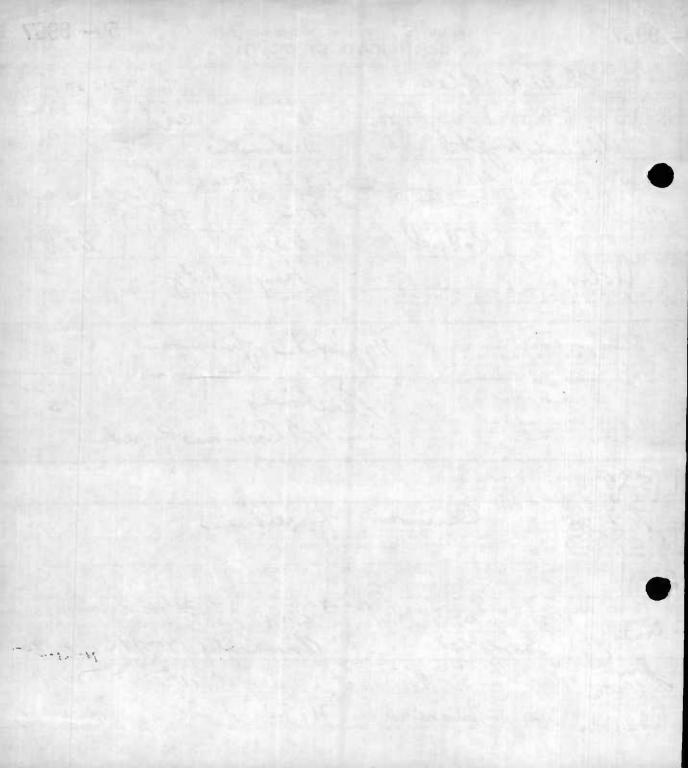
CERTIFICATE OF DEATH

400
BIRTH NO.
1. NAME OF DECEASED (Type or Print)
3. PLACE OF DEATH:  A. Baltimore City, Maryla

OCAL REGISTRAR VS 150

Hilly Brich

- 9967 BALTIMORE CITY HE	EALTH DEPARTMENT \	0- 9967
CERTIFICAT	E OF DEATH Registered N	0
1. NAME OF DECEASED (Type or Print) Charles W. Klee	2. DATE OF DEATH //- 21	- 50
A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If i	
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION)  neverty forfeital	C. CITY OR TOWN (If outside corporate limits,	, write RURAL and give township)
c. 2th of stay in Baltimore 21 Yrs. Mos. Days	o. STREET ADDRESS (If rural, give logation)  1/3 E Pleane	5641
5. SEX 6. COLOR OR RACE 7. SINGLE, CARRIED WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTY 9. AGE (In years last birthday) Mon	Under I Year II Under 24 Hours this Days Hours Min.
10A. USUAL OCCUPATION (Give kind of vork done during most of working life, even if retired)  10B. PIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	May offits	
15. WAS DECASED EVER IN U. S. ARMED FORCES? (Yes, no or unadown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT AD	DRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	of DEATH populis références et El Caramin 9 rue	INTERVAL BETWEEN ONSET AND OEATH
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH. BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
194. DATE OF OPERATION 198. MACON FINDINGS OF OPER	resem	YES NO
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, etreet, office bldg., etc.	21C. WHERE DID (If in Baltimore City, gi	ve exact location)
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRING WHILE AT WORK AT WORK		
22. I hereby certify that I attended the deceased from 10 - deceased alive on 1-21, 19 52, and that death occur	-29-50, 19, to N-2/-50, 19 rred at 6:13 Am., from the causes and on th	, that I last saw the e date stated above.
7 Dorlges M.D.	Gneversity Hope	23c. DATE SIGNED
100, REMOVAL (Specify) Hor- 74,1450 Weshing	te Com - Westween to	or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS



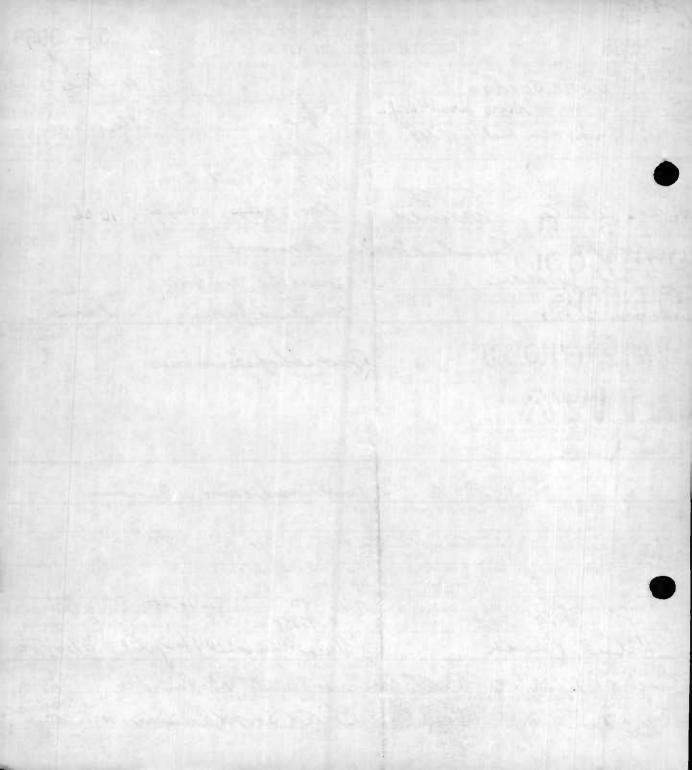
12-6-50 BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 9968

107.0

50- 9968		TE OF DEATH	Registered No. 9968
1. NAME OF DECEASED			
(Type or Print) David So	rdan		DATE OF 11-19-50
3. PLACE OF DEATH:  A. Baltimore City, Maryland 2	. 1		deceased lived. If institution: residence  B. COUNTY before admission)
B. FULL NAME OF (If not in hospi	tal or institution, give street address	or md.	Balto. 4
HOSPITAL OR THE MENT	ma Horfilay " " "	c. CITY OR TOWN (If outsi	de corporate limits, write RURAL and give township)
	Yrs.	D. STREET ADDRESS (If rural	, give location)
c. gth of stay in Baltimore	Mos Day	1117 11 20-11	lve.
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specif	8. DATE OF BIRTH 1872 9.	AGE (In years   If Under   Year   If Under 24 Hours   last birthday)   Months; Days   Hours   Min.
Male While	mounted	200.2 X1871) 17	778 10 26
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	Mundens Fleats	14. MOTHER'S MAIDEN NAME	
Wall Onola	lar.	Y- mater March	
15. WAS DECEASED EVER IN U. S. ARME Yee, no or unknown) (If yee, give war or date		17. INFORMANT	ADDRESS
Lenkrows no	SECURITY NO.	Mrs. Fannie Jordan	lame
18. 491X	CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASÉ OR CONDITION LEADING TO DEA	TH /	2 / 1	
(This does not mean the mode of heart failure, asthonia, etc. It mea	of dying, e.g., (A)	Bronchopenn	mua :
injury or complication which			
ANTECEDENT CAUS			
DISEASES OR CONDITIONS, I	F ANY, GIVING STATING THE DUE TO		
UNDERLYING CONDITION LA			
OTHER SIGNIFICANT CONDI		<i>i</i>	
TO THE DISEASE OR CONDITION	CAUSING IT.	emplements, course	uknow-
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER-	218. PLACE OF INJURY (e. g.		Baltimore City, give exact location)
LYING OR CONTRIBUTING CAUSE OF DEATH	about home, farm, factory, street, office bldg	.,etc.) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCUR	RED 21F. HOW DID INJURY OC	CUR?
	m. WHILE AT NOT WHILE		
22. I hereby certify that I att	tended the deceased from	1-16 -50, 19 , to 11-1	7 -50,19 , that I last saw the
deceased alive on 11-14	_, 1950. and that death occu		uses and on the date stated above.
23A. SPANATURE Bea	eh M.D.	Union Wewarial /	toptal 11/19/50
24A. BURIAL, CREMA- 24B. DATE	24c. NAME OF CEMET		FION (City, town, or county) (State)
Bunds 11/22/	11 14 11		
DATE DECENTED BY T	50 Ball Leb	www. Semest Bel	Pour Rd Md
OCAL REGISTRAR	S SIGNATURE	25. FUNERAL DIRECTOR	Pour Rd Md ADDRESS Place
OCAL REGISTRAR	Im Will.	25. FÜNERAL DIRECTOR  Phud Somolke	and Red Md address place infor 1902 Entire

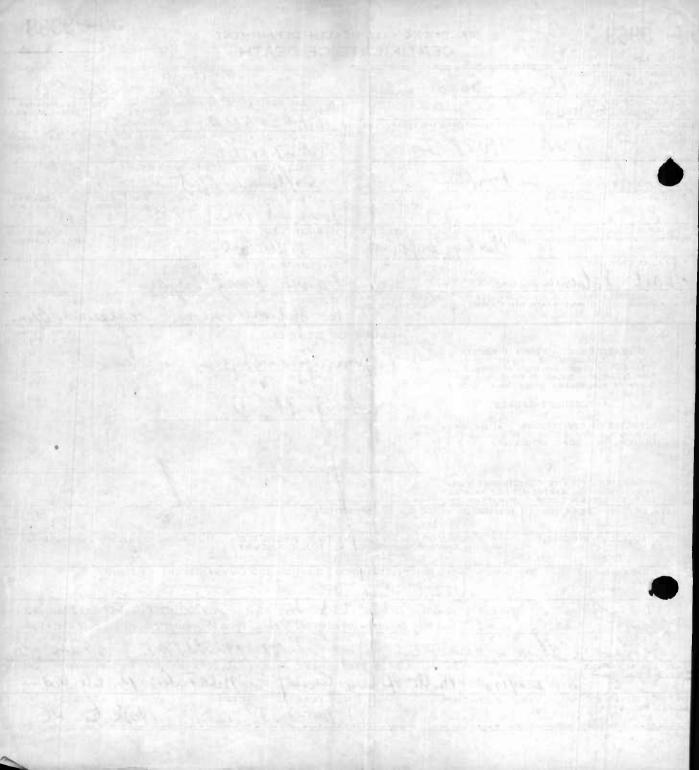


50- 9969

V	- 0000		DAL	CERTIFICA	TE OF DEA	TH	Regist	ered No.		
_	NAME OF D	ECEACED		deltin for	CIE OI BEA					
Ġ	Type or Print)	Harr	y Sci	hoenman			2. DATE OF DEATH	21/	or 50	
A.		City, Maryland	1		4. USUAL RES	IDENCE (Who	ere deceased l B. COUN	ved. If inst	titution ; residen before admi	nce ission
B.	FULL NAME OSPITAL OR	OF (If not in hospi		land	- \	LAND		13	. 1	
11	STITUTION	SINAI	HOSP	ITAL	BALT	MORE	itside corpora	e limites, p	tow	nd giv nship
C.	ength of s	tay in Baltimore	Hotel	M	rs. D. STREET ADI	Nacle al	ral, give locat	ion)		
5	SEX	6. COLOR DR RACE		MARRIED.	8, DATE OF BIR	RTH 5	10	ears H Unde	s Days Hours	24 Hours Min
10	DA. USUAL OC	CUPATION (Give kied of of working life, even if retired)	10B. KIND	OF BUSINESS OF	11. BIRTHPLAC		ign country)	12	CITIZEN OF WHAT COUN	NTRY
1,3	FATHER'S	NAME /	Com	water and	14. MOTHER'S	MAIDEN NAM	(E			
8	lacul.	8 derenene			Earnie !	Hurtel	reser			
Y'S (Ye	m, no or onkoown)	D EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO	17. INFORMAN		1	ADD	RESS	
					h. solu	rucul	lu	Eskla	eneral ap	4
NO	(This does heart failu injury or	SE OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It mes complication which ANTECEDENT CAUS	TH of dying, e. g ans the disease caused death. SES	(B)	A.S. H.	yhysen D	a re	dema		
CATI	RISE TO T	HE ABOVE CAUSE (A)	STATING TH	E DUE TO						
E		11		(C)		***************************************				
CERT	TRIBUTING	IGNIFICANT COND TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D						
CAL				FINDINGS OF O	PERATION				20. AUTOPS	SY?
EDIC	21A. ACCIDE HOMICIDE	NT. SUICIDE, (Specify)	21B. PLA about home, fa	CE OF INJURY (e.	g., in or 21C. WHERE INJURY OC		in Baltimore	City, give	exact location	
Σ	21p. TIME (	Month) (Day) (Year)	- 37	HILL AT HOT WE	TILE	DID INJURY C	OCCUR?			
	22. I hereby	y certify that I att	m.	work AT WO	1 4 6 - 1	50 to 2/	Nov.	19 <b>5</b> 0+	hat I last say	w th
	deceased al	ive on 21 Nov	\$50.0	end that death oc	curred at 6:40A	m., from the	causes and	l on the	late stated a	bove
ľ	23A. SIENAT	erge di	Trees	stien M. D.	SINA!	1 4091	PITAL	2	1 Nov 5	NED
24	4A. BURIAL. CON BEMOYAL (S	pecify) 24B. DATE	11950 1	9 all Hel	OW Cresty	Below	EATION (City	Bal	G. U.d.	tate)
	ATE RECEIVED CAL REGIST		S SIGNATU	RE	Sever one	elsein &	Loy, 19	102 Eul	DE SE	
-										

VS 150

29044



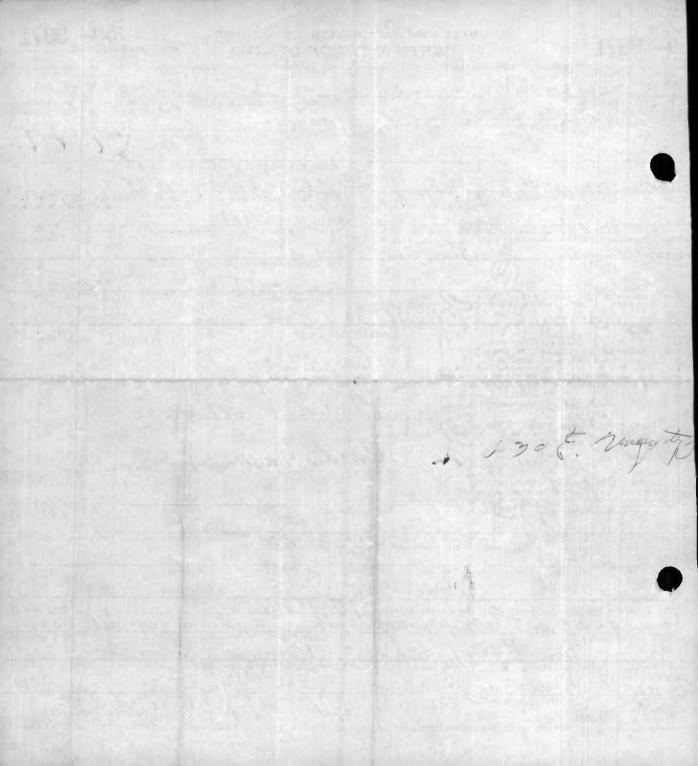
Exercise for the same series and the same series of A PROPERTY OF THE OWNER, THE · Committee of the comm SHIENDER OF THE PROPERTY OF TH

### BALTIMORE CITY HEALTH DEPARTMENT

50- 9971

093d

B11	J- 99	/1		CERTIFICATI	E OF DEATH	Registered	No.
	NAME OF I	ELLEN	PEESE	SMITT	,	OF NOV	21-1950
A.		City, Maryland	75-16-13	57.	4. USUAL RESIDENCE (	Where deceased lived, 1 B. COUNTY	f institution : residence before admission)
HC	SPITAL OR STITUTION	, 0	ANTLIE	on, give street address or location)	C. CITY OR TOWN (1)	f outside corpore (clin)	is, write RURAL and give township)
		stay in Baltimo	re 35° Y	Yrs. Mos. Deys		f rural, give location)  TLIEY SI	
5.	SEX	6. COLOR OR R		. MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	ff Under 1 Year on the Days Hours Min.
ork	A. USUAL OG done during most	CCUPATION (Give)	kind of 108, KMD etired) S 4 N C E	OF BUSINESS OR	11. BIRTHPLACE (State or )	foreign country)	12. CITIZEN OF WHAT COUNTRY
	FATHER'S	NAME	SMITH	20.12	14. MOTHER'S MAIDEN N	LABAR	NEC
15. (Yes		ED EVER IN U. S. A	RMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT LUCRETIA	P. COVETE	ADDRESS FILESVILL K
ERTIFICATION	(This dot heart fail injury o DISEASI RISE TO UNDERI	ASE OR CONDITIONS LEADING TO SEND TO S	DEATH node of dying, e. s it means the diseas nich caused death CAUSES NS, IF ANY, GIVIN E (A) STATING TE DN LAST.	(B)	bopleyy Nerio-Se rdio Vascus	lero sés la pobisea	Anadereig
U	TRIBUTIN TO THE	SIGNIFICANT C NG TO THE DEATH, DISEASE OR COND OF OPERATION	BUT NOT RELATE	-D	RATION		20, AUTOPSY?
EDICAL	21a. ACCID HOMICIDE	DENT. SUICIDE. (Specify)	21B. PLA about home, f	ACE OF INJURY (e. g., i		(If in Baltimore City,	YES NO give exact location)
Σ	P. TIME INJURY	(Month) (Day)		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		RY OCCUR?	
		alive on No		deceased from fand that death occur	19, to rred at	the causes and on	the date stated above 23c. DATE SIGNED
TIC	A. BURIAL.	(Specify) YOU.	26-1950	24C. NAME OF CEMETE	C to	ED. Co.	n, or county) (State) /////. ADDRESS
LC	NUV 2	TIPSO REGIST	RAR'S SIGNATI	aula, Al.	H3 ankout	Don west	mint md



1. NAME OF DECEASED

George Gent

(Type or Print)

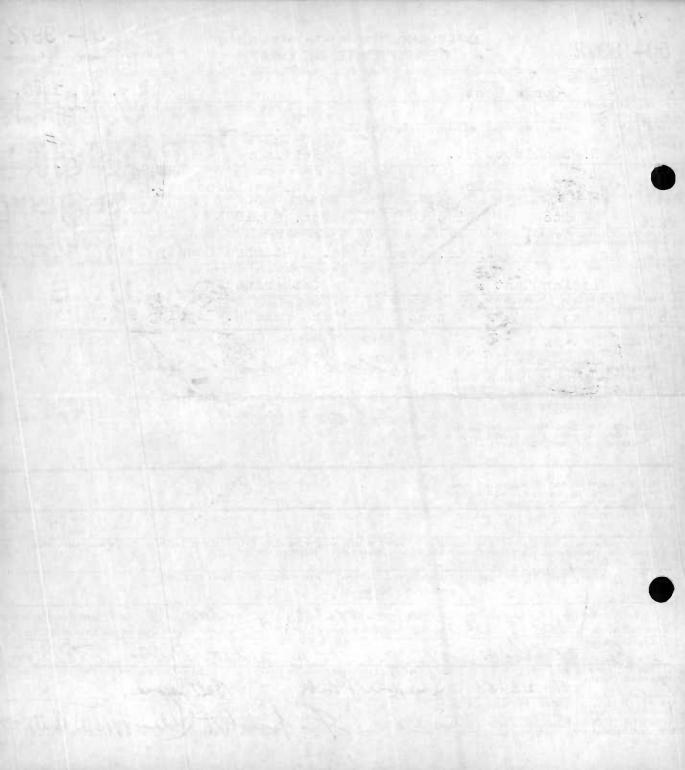
## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50- 9972 Registered No-

OF Nov. 19, 1950.

2. DATE.

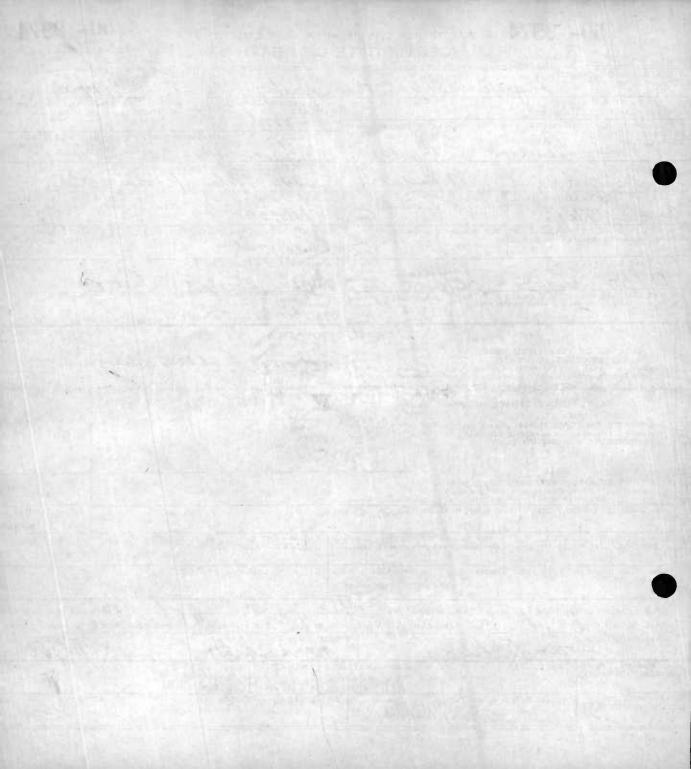
3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE before admission) B. COUNTY (If not in hospital or institution, give street address or Md . B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limit , vrite H RAL and give INSTITUTION 9 N. Smahlwood St. township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Life Life 9 N. Smallwood St. Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. White Oct. 20.1863 Male 29 10A. USUAL OCCUPATION (Givekiod of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork doos during most of working life, even if retired) Transit ( WHAT COUNTRY? Starter Baltoo. Baltimore County 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Catherine William Gento 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS N. Smallwood Yes, no or uoknowo) (If yes, give war or dates of service) SECURITY NO. Mrs Emma N. Topping no ne 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) DUE TO trinsilessis ANTECEDENT CAUSES me nech DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from My 17, 1950, to My 19, 1950, that I last saw the deceased alive on 19, 1950, and that death occurred at 11:40 m., from the causes and on the date stated above. 23A SIGNACURE 23B. ADDRESS 23C. D'ATE SIGNED M. D. 24C. NAME OF CEMETERY OR CREMATOR LOCATION (City, town, or county) REMOVAL (Specify DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS OCAL REGISTRAR VS 150



		BALT	IMORE CITY I	HEALTH DEPART		50- 9973
DATH N9973		C	ERTIFICA.	TE OF DEAT	H Regist	tered No
NAME OF DECE	ASED			, 06 +2	2. DATE	
Type or Print) 5 13	TER M	MRY	(mcG-1	INA) INCAI	WATION OF	Nr. 20, 1950
Baltimore City,						lived. If institution residence NTY before admission
FULL NAME OF	(If not in hospital			or Marylo		2~-0
	on become		rent. locatio	C. CITT OR TOWN		te limits, write RURAL and giv
2000 W	Baltemore	e St.		Balt		township
	in Baltimore	312	Lars Mos Day	2000	W. Baltur	est.
F 6.C	OLOR OR RACE	7. SINGLE, WIDOWE	MARRIED, D, DIVORCED (Speci	8. DATE OF BIRTI		vears If Under I Year If Under 24 Hours Alay) Months Days Hours Min
OA. USUAL OCCUP.		10B. KIND C	F BUSINESS OR		State or foreign country)	12. CITIZEN OF
Religion		con	rent industr	Gurard	wells Pa	WHAT COUNTRY
3. FATHER'S NAME				14. MOTHER'S MA	IDEN NAME	
5. WAS DECEASED EV	ER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
No.		-	SECURITY NO.	MOTHER	CLARA	2000 W. Balton
18. 32/	Υ.		CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE O	R CONDITION D	IRECTLY				ONSET AND DEATH
(This does not	DING TO DEATH mean the mode of	dying, e.g.,	(A)	ypertense	on cerebr	al
heart failure, as	thenia, etc. It means plication which can	s the disease.	OUE TO	0	on fembra	onhax.
			002 10			
ANI	ECEDENT CAUSE	.5	(B)			
DISEASES OR	CONDITIONS, IF	ANY, GIVING	(B)	***************************************	***************************************	
UNDERLYING	CONDITION LAS	T.	OUE TO			
			(C)	***************************************		
OTHER SIGNI	11					
TRIBUTING TO	THE OEATH, BUT N	OT RELATED				
19A. DATE OF OF	E OR CONDITION		INDINGS OF OPI	BATION		
roul	. 131	B. MAJOR I	INDINGS OF OF	LATION		20. AUTOPSY?
21A. ACCIDENT	WAS UNDER.		E OF INJURY (e. g.		OID (If in Baltimore	City, give exact location)
LYING OR CO	NTRIBUTING []	21-1-21-1	a, factory, street, office bldg			
NJURY (Mont	h) (Day) (Year) (I		E. INJURY OCCUR		INJURY OCCUR?	
		nı. W	ORK NOT WHILE			
22. I hereby een	tify that I atter	nded the de	ceased from N	N. 1 195	Oto New 20.	, 19 Shat I last saw th
deceased alive	n Norzo	19 5-0 an	d that death oce	urred at 12:90 Pm.	from the causes an	d on the date stated above
23A. SIGNATURE	1 -4	ualler	м. р.	13 m Le	rus Hoys.	Nor 20,275
4A. BURIAY. CREM ON, REMOVAL (Specif	A- 248. DATE	24		ERY OR CREMATORY	240, LOCATION (Cit	y, town, or county) (State)
Duriel	3-22-1	VO	Cather	Treat	Sall	war
ATE RECEIVED BY	REGISTRAR'S	SIGNATURE		25. FUNERAL DIR	ECTOR	ADDRESS
VOV 21 1950	The water of	Will:	action Air	Dear Je	Friker Full	DONE & Type Tho H
VS 150		THE PERSON NAMED IN		9		- 0

057 8W

FILTEE MARKS (MERLINA) TO CHERON MEN STATE Taken the residence the later The Markson to bring a long to the last THE RESERVE LETTER STREET MATASS SLAVE LAND DEATH Felicipation, without the The station of the second of t

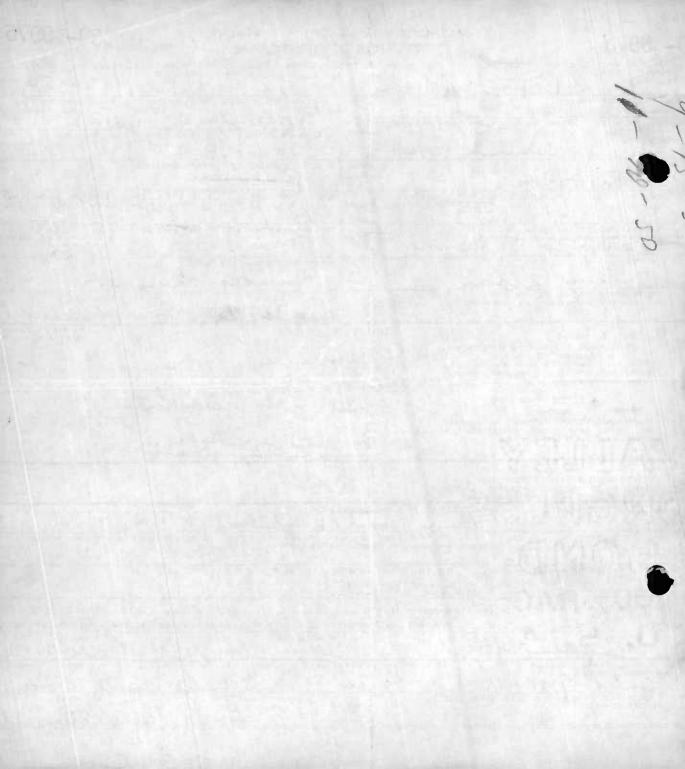


9975 BIRTH NO.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 50- 9975

IRTH NO.	E OF DEATH
Type or Print) Alban, Willam	2. DATE OF DEATH     - 20-50
. PLACE OF DEATH: . Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE  (B. COUNTY before admission)
FULL NAME OF (If not in hospital or institution, give street address or	Maryland, Balto.
OSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
NSTITUTION	township
omorning 1000p.	Upperco.
Yrs.	D. STREET ADDRESS (If rural, give location)
. Leigth of stay in Baltimore Days	14-14 Por
. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years H Under 1 Year   If Under 24 Hours
WIDOWED, DIVORCED (Specify)	1867 last birthday) Months Days Hours Min.
DA. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
k done during most of working life, even if retired)	WHAT COUNTRY
3. FATHER'S NAME	WSA.
& I -	14. MOTHER'S MAIDEN NAME
Herry albun	trances chenoweth
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
SECORITY NO.	mize Patella alla, who will me
10	may course work of
18. 600.0 1 CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY	
(This does not mean the mode of dying, e.g., (A)	venua
heart failure, asthenia, etc. It means the disease.	
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	I aproply pychnekliti
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	1 4 -11 , 1 - 11
UNDERLYING CONDITION LAST.	thetic by propaga.
	ile antilio sellvasis
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	ATION   20. AUTOPSY?
Bauan Monake	tie hypotophy (IUK) YES NO E
21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY (e.g., in	or   21c. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., c	tc.) INJURY OCCUR?
TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRI	ED 21F, HOW DID INJURY OCCUR?
NJURY WHILE AT NOT WHILE	
m. WORK AT WORK	
22. I hereby certify that I attended the deceased from	, 19, to, 19, that I last saw th
	red atm., from the causes and on the date stated above
	38. ADDRESS 23c. DATE SIGNED
meller there M. D.	Uni. 1/22.56
4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY   24D. LOCATION (City, town, or county) (State)
ON REMOVAL (Specify)	The de to have sed
Juna 1100 -1/37 SI Much	o wedge salves ne
ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
OUNT REGISTRAR	weget you It my



50- 9976 Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE VIRTUE WRIGHT (Type or Print) 11-21-50 HOWARD DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B/COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give UMION MEMORIAL HOSPITAL INSTITUTION BEL A112 D. STREET ADDRESS (If rural, give location) Yrs. Mos. 2 WILLIAM igth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED II Under 1 Year 9. AGE (In years) If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours: Min. Numet, 1892 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) WHAT COUNTRY? 10WA CHEMICAL ENGINEER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 4. RIGHT 1 S A BITHL HASTIE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMAN (If yes, give war or dates of service) 420 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES disease ewellowen DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE Cardiac arrest during on the of anesthesia, due to UNDERLYING CONDITION LAST. arteriosclerotic heart disease Carcinoma of the pancreas OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e.g., in or 2 Ic. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY NOT WHILE WHILE ATT OUT 30 1953 to 11-21 , 19 that I last saw the 22. I hereby certify that I attended the deceased from. 19 50 and that death occurred at\_ deceased alive on // - 2-1 \_m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) ADDRESS westers / / / VS 150

See Document File 50-9976 for corrective authority

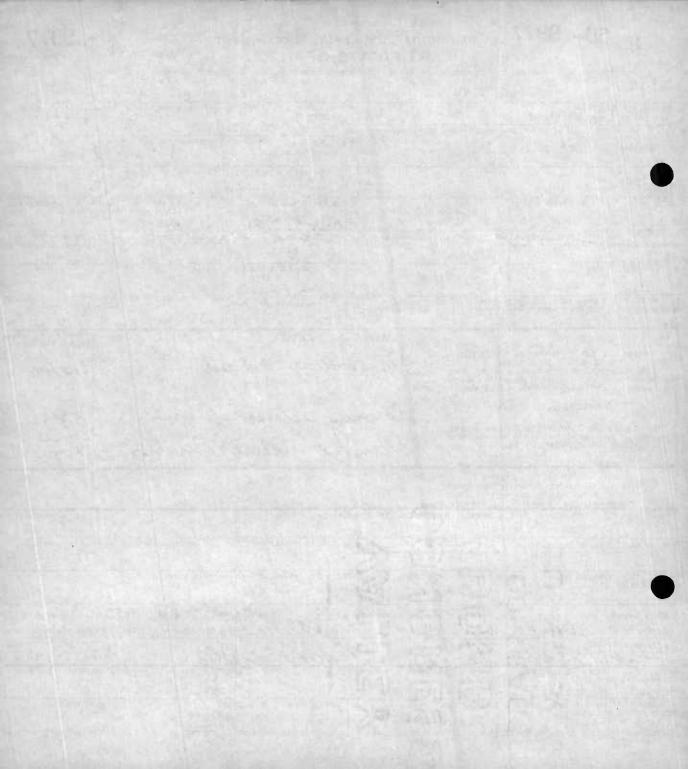
1/8/51 ES

SOME REPORTED THE PROPERTY OF A THE !

THE LANGE LIST SHOPE TO SHAPE

Section of the section of

	00-0011	BAI	CERTIFICATI			No		
1. NAME OF C (Type or Print)		n R. Re	imann.		2. DATE OF NOV.	20. 1950		
3. PLACE OF D	EATH:	11 110 110	2111012119	4. USUAL RESID	ENCE (Where deceased lived.	If institution: residence		
A. Baltimore 6	City, Maryland	al an inetitut	ion, give street address or	Maryland	B. COUNTY	before admission)		
HOSPITAL OR			location)	c. CITY OR TOWN	(If outside corporate lim	its, write RURAL and give		
INSTITUTION	Union Mem	orial		Baltimore	A	township)		
10			Yrs.	o. STREET ADDRI				
c Length of s	stay in Baltimore		Mos.					
5. SEX	6. COLOR OR RACE	7. SINGLI	Days E, MARRIED,	8. DATE OF BIRTH		If Under 1 Year   If Under 24 Hours		
Male	White	WIDOW	/ED. DIVORCED (Specify)	O. E. D. 12889	last birthday)	Ionths Days Hours Min.		
	GUPATION (Give kind of		OF BUSINESS OR	Oct. 2, 188	State or foreign country)	Lan Citation		
ork done during most	of working life, even if retired)		INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
Jeweler 13. FATHER'S 1	IAME.	Jewel	ery (//	Switzerland				
IS. FAIRER S	NAME			14. MOTHER'S MA	IDEN NAME			
15. WAS DECEASI Yes, no or unknown)	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
Vo.			0200111111101	Dr. B.L.Rei	mann 2504 Creight	ton Ave.		
18. 42	0.1.	30 74	CAUSE	OF DEATH		INTERVAL BETWEEN		
/ "	SE OR CONDITION	DIRECTLY	7	0		ONSET AND DEATH		
(This does	LEADING TO DEAT	rH f dying, e. s	mys co	ordial on	tail	Beartier.		
heart failu	re, asthenia, etc. It mea complication which c	ns the diseas	e, /	/				
injury or			., 002 10					
	ANTECEDENT CAUS	SES	Corona	. atur	rellunia	291.		
DISEASE	S OR CONDITIONS, II	F ANY, GIVIN	IG	y au				
UNDERLY	THE ABOVE CAUSE (A)	STATING TH	HE OUE TO	Ja alto	in elleral	cener		
			(c) /2000	al aucu	nelluni,	294		
	SIGNIFICANT CONDI							
	ISEASE OR CONDITION					ļ.,,,		
19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?		
						YES NO		
21A. ACCIE LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., in arm, factory, street, office bldg., e			give exact location)		
	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID	INJURY OCCUR?			
NJURY	NJURY  m. WHILE AT NOT WHILE  AT WORK  AT WORK							
22. I hereb	y certify that I att	ended the	deceased from aug	. 9 , 194	to Wer. 20, 195	that I last saw the		
deceased a	live on Od. 20	, 19.90	and that death occur	red at 5: Pm.	, from the causes and on	the date stated above.		
23A. SIGNA	TURE O	1/1	3	3B. ADDRESS	De	23C. DATE SIGNED		
1Xot	1.12 My	M	м. р.	redicalled	11200	11-21-50.		
24A. BURIAL.	CREMA- 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (City, tow	n, or county) (State)		
Burial	11/21/50		Parkwood	The Street	Parkville, Md.	en robets prins		
DATE RECEIVE	RAR	S SIGNATI		25. FUNERAL DIR Ullrich Fune	ral Home 2008 Or	ADDRESS Leans St.,		



52 50 - 9978

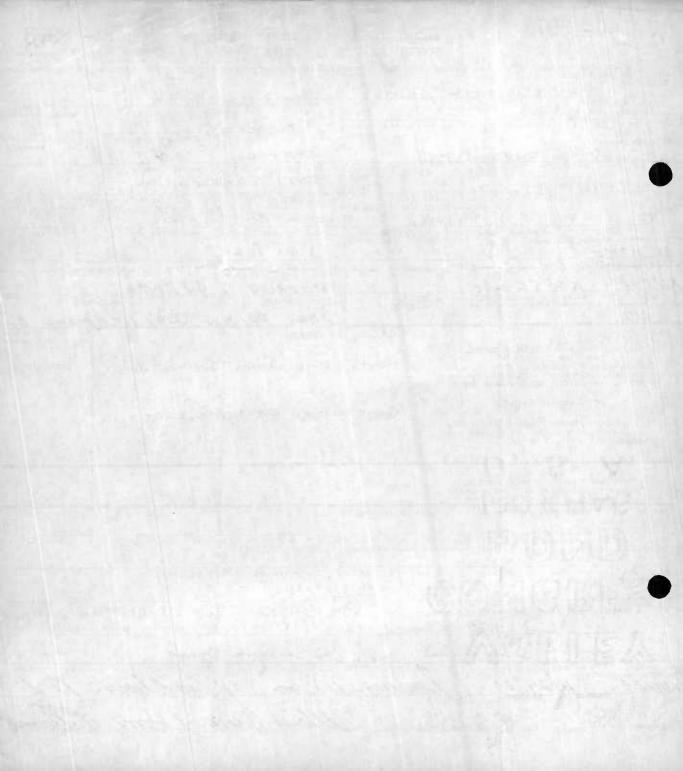
BIRTH NO.

### BA

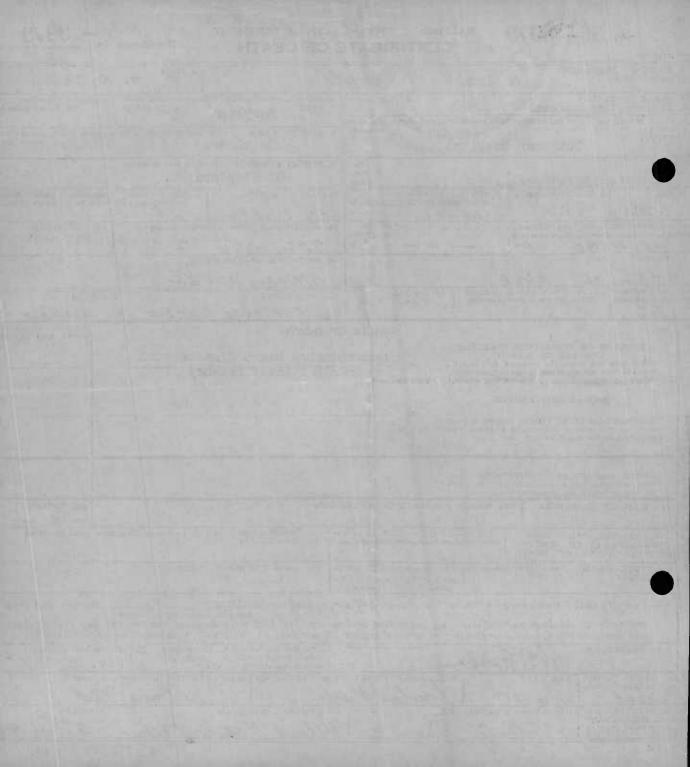
50-	9978
egistered No	

ALTIMORE CITY HEALTH	DEPARTMENT	50-	9978
CERTIFICATE OF	DEATH	Registered No	

NAME OF DECEASED	2. DATE
Type or Print) MRS. ELIZABETH PRIMUS	DEATH NOV. 20,1950
. PLACE OF DEATH: . Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
FULL NAME OF (If not in hospital or institution, give street address or	MARYLAND
OSPITAL OR location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give
BON SECOURS HOSPT.	DALTIMORE
Yrs. Mos. Days	3397 RICHARDMAN AVE RICHARDMAN
SEX 6. COLOR OF RACE   7. SINGLE MARRIED	8. DATE OF BIRTH 9. AGE (in years If Under I Year I Under 24 Hours
F WIDOWED, DIVORCED (Specify) MARRIED	last birthday) Months Days Hours Min.
DA. USUAL OCCUPATION (Give kind of A tool of BUSINESS OR K dooe during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
AT HOME	NEW YORK WHAT COUNTRY?
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
BNTON KOSTELAK	KATHERINE STRNAD
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
NO	JAMES PRIMUS 307 RICHMOND BU.
18. 420.1 . CAUSE O	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g., (A) ACUTE	MYDEARDIAL INFARCTION 17 HOURS
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
(B) GENER	ALIZED ARTERIOSCLEROSIS
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERA	ATION   20. AUTOPSY?
	YES NO
21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., io about home, farm, factory, street, office bldg., et	
CAUSE OF DEATH	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE	
22. I hereby certify that I attended the deceased from 🖳	M 11-20, 1950, to 9PM 11-2019 50, that I last saw the
deceased alive on 11-20, 1950, and that death occur	red at 9 Pm m., from the causes and on the date stated above.
23A. SIGNATURE 2:	3B. ADDRESS 23c. DATE SIGNED
	Bon Secous Hospo 11-20-50
AA. BURIAL, CREMA. 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 24b. LOCATION (City, town, or county) (State)
unias 11/24/50 Frains,	Mays. Woodlan Ind
ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS OF
10V 221950 1 + 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Which Timeral Home Police
VS 150	No Company
	094a



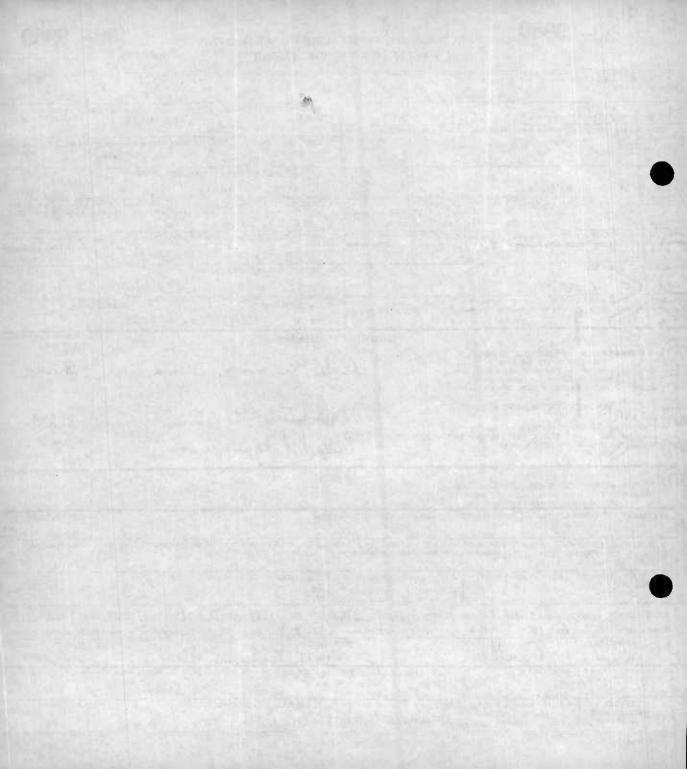
6	32	50.	- 9979	BAI			ALTH DEPART		Registere	59- ed No	9979	
	RTH NO.				OLIVIII	10/11/	- OI DEAT					
(T	NAME OF D		ED	Irma		Harty	vig		OF NOV	. 20,	1950	
	Baltimore (		Iaryland				4. USUAL RESIDE			l. If instit		n)
8.	FULL NAME		of not in hospit	al or institut	ion, give street	address or location)		yland				
	STITUTION	L	utheran	Hospita	1	location)	c. CITY OR TOWN Bal	timore	utside corporate l	imits, wri	te RURAL and gi	
C	Sigth of s	tay in	Raltimore			Yrs. Mos.	D. STREET ADDRE	tanfor		)		
-	SEX		OR OR RACE		E, MARRIED,	Days	8. DATE OF BIRTH	1	9. AGE (In years			JIS
	Female	W	hite	WIDOW	ED, DIVORCE	D (Specify)	JAIN- 11.18	92	last birthday)	Months	Days Hours Mi	n.
10 ork	done during most	of working		108. KIND	OF BUSINES	SS OR IDUSTRY	11. BIRTHPLACE (S	State or for	eign country)		CITIZEN OF WHAT COUNTR	Υ'
13	AT H	OME NAME					14. MOTHER'S MA	IDEN NAM	MF			
,	CHADI	1- 0	ROS	E			ANIVA	VOG				
15	. WAS DECEASE	ED EVER	IN U.S. ARMET	FORCES?	16. SOCIAL		17. INFORMANT	000	20	ADDRI	755	
Y es	, no or unknown)	(11 %	s, give war or date	of service)	SECURI	TY NO.	MRS GERTR	UDE A	PRRICE			
	18. 44	/2. V				AUSE	OF DEATH	- NE O	EICSIC 7		NTERVAL BETWE	EN
	DISEAS	SE OR	CONDITION	DIRECTLY						· ·	ONSET AND DEA	TH
	(This does	LEAD	ING TO DEA	TH of dying, e.	ζ., (Δ)		tensive hear					
	heart failu	ire, asth	enia, etc. It mea	ns the diseas	se,	myoca	rdial insuf	iclen	cy			
			EDENT CAUS									
,						***************************************	***************************************		***************************************		*************************	
أوً	RISE TO T	THE ABO	VE CAUSE (A)	STATING TH								
7	UNDERLY	YING C	ONDITION LA	ST.	(C)		***************************************		***************************************		***************************************	
			II									1
			CANT CONDI							11991		
	TO THE D	ISEASE	OR CONDITION	CAUSING I	т	0000						
,	19A. DATE C	OF OPE	RATION	98. MAJOR	FINDINGS (	OF OPER	ATION				YES NO	
3	21A. EXTERI	NAL CA	USE WAS		CE OF INJU				in Baltimore Cit	y, give e		
5	UNDERLYIN	GOO	R CONTRIB- OF DEATH.	about home,	farm, factory, etreet	, other bidg., e	(w.) INJURY OCCU	R?				
Σ		(Month)	(Day) (Year)	(Hour)	21E. INJURY	OCCURRE	D 21F. HOW DID	INJURY	OCCUR?			
ı	NJURY			m,	WHILE AT	NOT WHILE						
ı	22. I certi	fu that	I took ehar	ae of the	remains des	cribed a	bove, held an A	utossy		th	ereon and fro	m
ı							nquiry, find that	Autopsy, In	spection or luqui	iry		
							i accident □,					
	23A. SIGNA	TURE	0350	rshe	VA I	м	238. CHIEF ME ASSISTANT ME D. MEDICAL INVI	EDICAL EX	KAMINER	Nov.	21, 1950	
	A. BURIAL, C		24s, DATE		24C. NAME OF	CEMETE	RY OR CREMATORY		CATION (City, to	wn, or co	unty) (State	)
1	Sural		11/24/.	56	Inda	- Va	est	150	allemy	me	1	
	ATE RECEIVE		REGISTRAR'		RE		25. FUNERAL DIR	EGTOR		ADI	2008	
1	INV 2219	950	Timed	the day	Milliania	189 1	Ullus 0	una	af Hem	1	Tilians	4
V S	S 151	900		:0						0 5	1	



### BALTIMORE CITY HEALTH DEPARTMENT

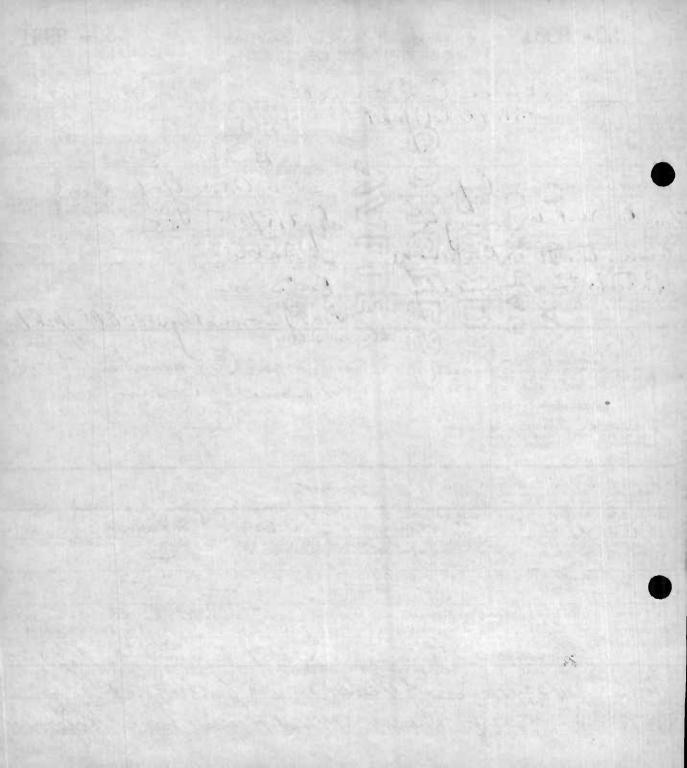
50- 9980

Registered No\_ CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE Type or Print) Mary Gertrude Joyce DEATH NOV 19, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland 1435 Mt. Royal Ave. B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give NSTITUTION township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 2106 E. Madison ... Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | If Under 1 Year | If Under 24 Hours | Months Days | Hours Min. WIDOWED, DIVORCED (Specify) Widowed March 28. 1880 IOA. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY At home Baltimore. Md. 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Solomon C. Levie Broughton 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (es, no or unknown) (If yes, give war or dates of service) SECURITY NO. Tyler Joyce 2727 N. Charles St., 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO Essential hypertension ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE! , 1949, to Nw 19 , 1950, that I last saw the 22. I hereby certify that I attended the deceased from\_ man . 1950 and that death occurred at 9 A. m., from the causes and on the date stated above. deceased alive on 14 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 1121 17 Lusum 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 24b. LOCATION (City, town, or county) (State) Nov. 22, 1950 Baltimore Baltimore, Md. Burial REGISTRAR'S SIGNATURE DATE RECEIVED BY 25. FUNERAL DIRECTOR Ullrich Funeral Home 2008 Orleans St.,

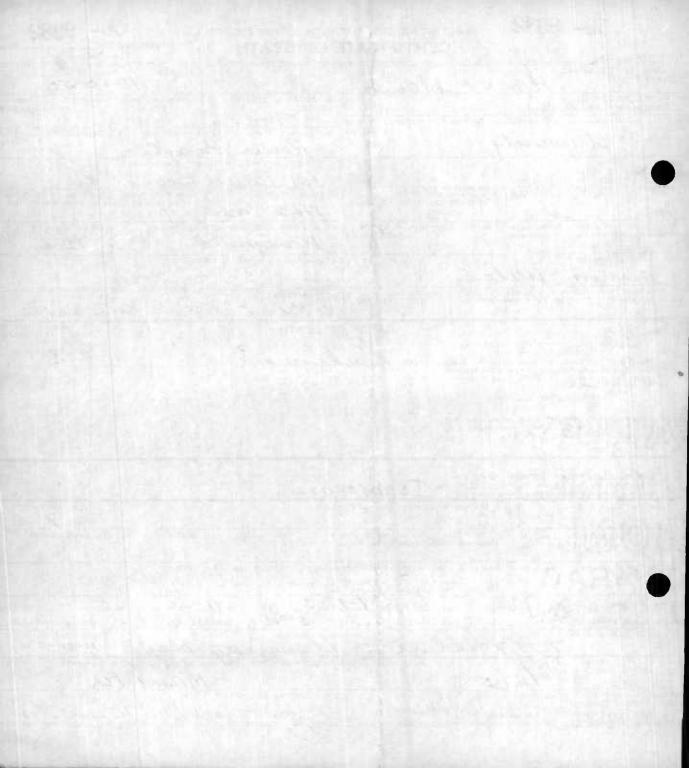


50- 9024

BALTIMORE CITY HEALTH DEPARTMENT	
CERTIFICATE OF DEATH Registered No	-
(Type or Print) 2. DATE OF DEATH No. 18/50	)
B. PLACE OF DEATH:  A. Baltimore City, Maryland 3 Poq Old Unk for A. STATE  B. COUNTY  B	
B. FULL NAME OF (If not in hospital or institution, give street address or location)   C. CITY OR TOWN (If outside corporate limits, write RURAL and good control of the corporate limits, write RURAL and good corporate limits and good corporate limits.	give
Yrs. D. STREET ADDRESS (If rural give location)	hip)
E. Length of stay in Baltimore lefe Days 3800 Old Ufork Rovel	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)  Lend 1875 9. AGE (In years lit Under 1 Year last birthday) Months: Days Hours: M	lours lin.
OA. USUAL OCCUPATION (Give kind of IOB. KIND OF BUSINESS OR INDUSTRY)  OA. USUAL OCCUPATION (Give kind of IOB. KIND OF BUSINESS OR INDUSTRY)  INDUSTRY  Balle  12. CITIZEN OF WHAT COUNTRY	RY
3. FATHER'S NAME  14. MOTHER'S MAIDEN NAME	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS SECURITY NO. 18. INFORMANT SECURITY NO. 19. INFORMANT SECURITY SEC	p
18. / 1 - V CALISE OF DEATH	EFN
DISEASE OR CONDITION DIRECTLY	ATH
(This does not mean the mode of dying, e.g., (A)	lea
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	M.S.
ANTECEDENT CAUSES	
(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	******
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION AND 19B. MAJOR FINDINGS OF OPERATION AND 19B. MAJOR FINDINGS OF OPERATION	?
21A. ACCIDENT WAS LINDER.   21B. PLACE OF INJURY (e.g., in of 21c. WHERE DID (If in Baltimore City, give exact location)	4
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH  21B. PLACE OF INJURY (e. g., in of 21c. WHERE DID INJURY OCCIDE? (If in Baltimore City, give exact location) INJURY OCCIDE?	
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT   NOT WHILE	
m. WORK AT WORK	
22. I hereby certify that I attended the deceased from 100. 1, 1950, to nor 18, 150, that I last saw	the
deceased alive on 1950, and that death occurred at 136 m., from the causes and on the date stated abo	
23A. SIGNATURE HOMENS T Meite M. D. 23B. ADDRESS OF The Summed Cal 23C. DATE SIGNE	ED
24A. BURIAL. CREMA- 24B. DATE   24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (Stat	
Small 11/22-10 Hat addenner Ralling Md	
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS	
NOV 22 1950 thintington Williams, N. Williams Tuneral Home Mileans	4
Ve 150	
00072	



4:	20	50- 9982	ВА	LTIMORE CITY HE	EALTH DEPART	MENT	50-	9982	
BIRTH	NO.			CERTIFICAT	E OF DEAT	H Registe	ered No.		
	ME OF C	DECEASED HAI	284	HELCH		2. DATE OF DEATH	11-20	72-5	
A. Bal		City, Maryland			A. STATE	INCE (Where deceased li	ved. If inst	_	
HOSPI	L NAME	OF (If not in hospit		cion, give street address or location)	c. CITY OR TOWN	(If outside corporat	e limits, w	rite RURAL ar	2
	oth of a	stay in Baltimore		Yrs. Mos.	D. STREET ADDRE	SS (If rural, give locati	0 1	0.	
5. SEX		6. COLOR OR RACE	7. SINGL	Days E, MARRIED.	8. DATE OF BIRTH	9. AGÉ (in ye		Van Hillede	24 Harris
m		w	WIDOV	VED, DIVORCED (Specify)				Days Hours	
10A, U work dooe	SUAL OC during most	CUPATION (Give kind of of working life, even if retired)	10B. KIND	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	tate or foreign country)	12.	CITIZEN OF WHAT COUL	
	Mar		er l		14. MOTHER'S MA		- /	0070	
		ED EVER IN U. S. ARMEI		16. SOCIAL	•	RUTH BRY:	SON		
(Yes, 00 0	or uokoowo)	(If yes, give war or date	of service)	SECURITY NO.	MR. MARION	EWELCH 151	CARVEL	BEACH R	o.
RTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE  DUE TO  CAUSE OF DEATH  (A) STATING THE  ONSET AND DEATH  (B) STATING THE  DUE TO								
19A	TO THE D	TO THE DEATH, BUT ISEASE OR CONDITION OF OPERATION 1	CAUSING I	FINDINGS OF OPER	ATION			20. AUTOP	SY?
A CA	USE OF	ENT WAS UNDER. R CONTRIBUTING DEATH (Month) (Day) (Year)	(Hour)	ACE OF INJURY (e. g., ic arm,factory,street, office bldg., e	tc.) INJURY OCCUP		City, give	7	1)
			m.	WORK NOT WHILE					
dec	22. I hereby certify that I attended the deceased from I-1-50, 19, to 11-20, 1950 that I last saw the deceased alive on 11-20, 1950, and that death occurred at 5450 m., from the causes and on the date stated above.  23A. SIGNATURE  23B. ADDRESS  23C. DATE SIGNED								
130	BURIAL, C EMOVAL (S	11/25		M. D. J	RY OR CREMATORY	24 LOCATION (City,	town, or e		State)
DATE I	RECEIVE REGIST	DAD	SSIGNATU	Villiante 1/1/2	25. FUNERAL DIRE	DENNY, INC.	AD	GHTST-	30
V	/S 150			· Prographics			6	740	-



		50-	9983
N/S	2	63	

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50- 9983

Registered No.

B	IRTH NO.								
1. (T	NAME OF D Type or Print)	DANIEL DOC	HERTY			2. DATE NOV.	20, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or					4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE Mervil and B. COUNTY before admission				
H	OSPITAL OR	US Marine H Drive & 31s	lo spita						
C.			?	Yrs. Mos.					
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED DIVORCED (Specify)					8. DATE OF BIRTH 9. AGE (In years   If Under 1 Year   If Under 24 He				
	k done during most o	CUPATION (Give kied of f working life, even if retired) Officer	1	of business or industry Sea farer	11. BIRTHPLACE (State or foreign country)   12. CITIZEN				
13	Michael	Docherty			14. MOTHER'S MAIDEN NA Eleanor Duf				
15 (Ye	, no or unknown)	D EVER IN U.S. ARMED (If yes, give war or date)	FORCES?	16. SOCIAL 086-14-63-53	17. INFORMANT Records- US Marine Hospital, Balto, Md				
RTIFICATION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.								
AL CE	TO THE D	TO THE DEATH, BUT	CAUSING	FINDINGS OF OPER	ERATION 20. A				
EDICAL	21A. ACCIDENT. SUICIDE, HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., io or bout home, farm, fectory, street, office bldg., etc.)  21c. WHERE DID (If in Baltimore City, give INJURY OCCUR?)								
M	21p. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT NOT WHILE AT WORK  22. I hereby certify that I attended the deceased from Sept. 29, 1950, to Nov. 20, 1950, that I last saw the deceased alive on Nov. 20, 1950, and that death occurred at 7 Pm., from the causes and on the date stated above.								
	John L.		ical Di	rector M. D.	US Marine Hospital	, Balto, Md.	11/21/50		
TH	Surial Surial	11/24/3	50	24c. NAME OF CEMETE Cathral	ral l	Balto. He	l.		
L	NOV 221	P REGISTRAR	SSIGNATI	Micula, N. W.	45 Gol Duc.	1217 84. 76	ADDRESS ul St		
	VS 150		A						

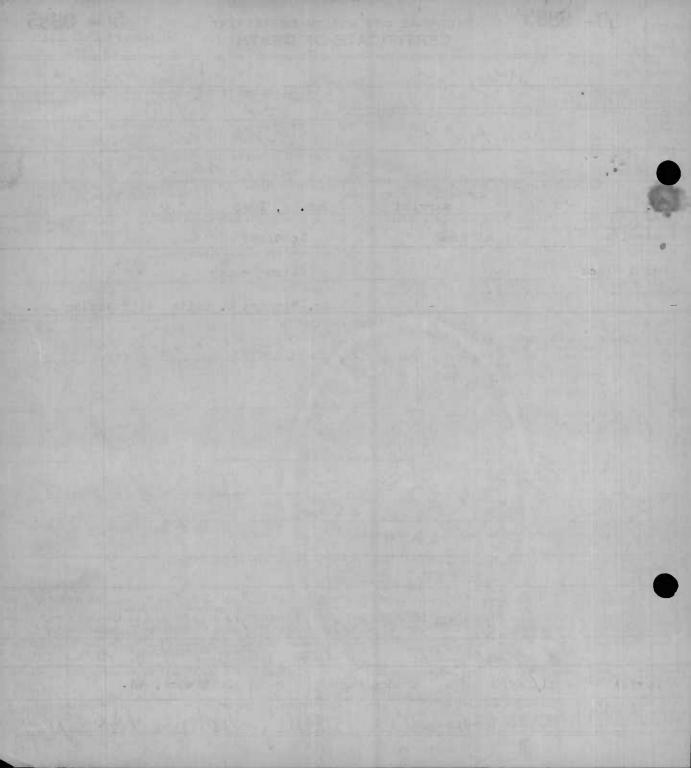
240 55

	A SECTION OF THE ASSESSMENT OF	
	Typical Aproximation (1997)	
		vy this door is interrupt
i, and	But an army of the same of the same of	
	• (	

	TIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	Registered No. 9984
1. NAME OF DECEASED	P. D	2. DATE OF
3. PLACE OF DEATH:  A. Baltimore City, Maryland >> 7.	A. STATE	DEATH  Where deceased lived, If institution : residence  B. COUNTY  Defare admission)
B. FULL NAME OF (If not in hospital or instituti HOSPITAL OR INSTITUTION		outside corporate limits, write RURAL and give township)
0) (1		rural, give location)
c. Longth of stay in Baltimore  5. SEX   6. COLOR OR RACE   7. SINGLE	Mos. Days  Days  Days  B. DATE OF BIRTH	9. AGE (In Pars   If Under 24 Hours
Female Colored WIDOW	ED, DIVORCED (Specify) June 7. 1879	last birthday) Months: Days Hours: Min.
10A. USUAL OCCUPATION (Givekind of ork done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY 1. BIRTHPLACE (State or for the state of the s	oreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN N	AME
15. WAS DECEASED EVER IN U. S. ARMED FORCES	16. SOCIAL 17. INFORMANT	
Yes, no dr unknown) (If yes, give war or dates of service)	SECURITY NO. 17. INFORMANT	Zoanso 7 n. Carry SK
18. /7/X I	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g	General Carris	And - 6 9-16 11 2
heart failure, asthenia, etc. It means the disease injury or complication which caused death	e,	5
ANTECEDENT CAUSES	(B) Covernma of Ce	137.00
DISEASES OR CONDITIONS, IF ANY, GIVIN	G	ruif 12-1-49-23-
UNDERLYING CONDITION LAST.	(C)	
OTHER SIGNIFICANT COMPLETIONS		
OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE DEATH, BUT NOT RELATE TO THE OISEASE OR CONDITION CAUSING IT	D	
19A. DATE OF OPERATION 19B. MAJOR	FINDINGS OF OPERATION	20. AUTOPSY?
		If in Baltimore City, give exact location)
CAUSE OF DEATH	arm, factory, atreet, office bldg., etc.) INJURY OCCUR?	
INJURY	21E. INJURY OCCURRED 21F. HOW DID INJURY WHILE AT NOT WHILE NOT WHILE NOT WORK	Y OCCUR?
22. I hereby certify that I attended the	1-20 , 1950 that I last saw the	
deceased alive on 11 - 19-, 1950.	he causes and on the date stated above.	
23A. SIGNATURE	be M. D. 23B. ADDRESS N. Pa	11-21-50
24A. BURIAL, CREMA- 24B. DATE		OCATION (City, town, or county) (State)
DATE RECEIVED BY   REGISTRAR'S SIGNATU	RE 25. FUNERAL DIRECTOR	the Danness
NOV 221950 turturitor	Illiam No Dames to	stayes, Tilm
VS 150		11/00
		0480

The second secon Salar Area A CANADA CANADA A SECULIAR SHEET SHEET di di dire Life William State of the Land of the Land Mary and the Color of the Color

B	50- 9985 IRTH NO.		Y HEALTH DEPARTMENT 50- CATE OF DEATH Registered No.	9985				
(7	NAME OF DECEASED	Jary Kay S.		50				
A	Baltimore City, Maryland			ion: residence before admission)				
H	FULL NAME OF I'S not in hospit OSPITAL OR INSTITUTION HIIO Neu		c. CITY OR TOWN (If outside orporate limits, write	RURAL and give township				
0	ngth of stay in Baltimore	IV.	Yrs. Mos. Days 4/10 Newton Asp					
5	6. COLOR OR RACE	widowed, divorced (Sp married	(Specify) 3. DATE OF BIRTH 9. AGE (in years last birthday) Months: D					
wor	A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired) housewife	at home	10701	TIZEN OF HAT COUNTRY				
	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
	Thomas Black  5. was deceased ever in u. s. armei	D FORCES?   16. SOCIAL	Ellen Fraser					
(Ye	s, no or unknown) (If yes, give war or date	SECURITY N	NO. Mr. Richard C. Smith 4110 Newto					
CAL CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DESEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION							
MEDIC	210. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?							
24 TI(	I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry  the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes accident, suicide, homicide, undetermined.  23a. SIGNATURE  23b. CHIEF MEDICAL EXAMINER							
	//	S SIGNATURE	Park Baltimore, Md.	ESS Bull				
VS	151	-	2012	1111				

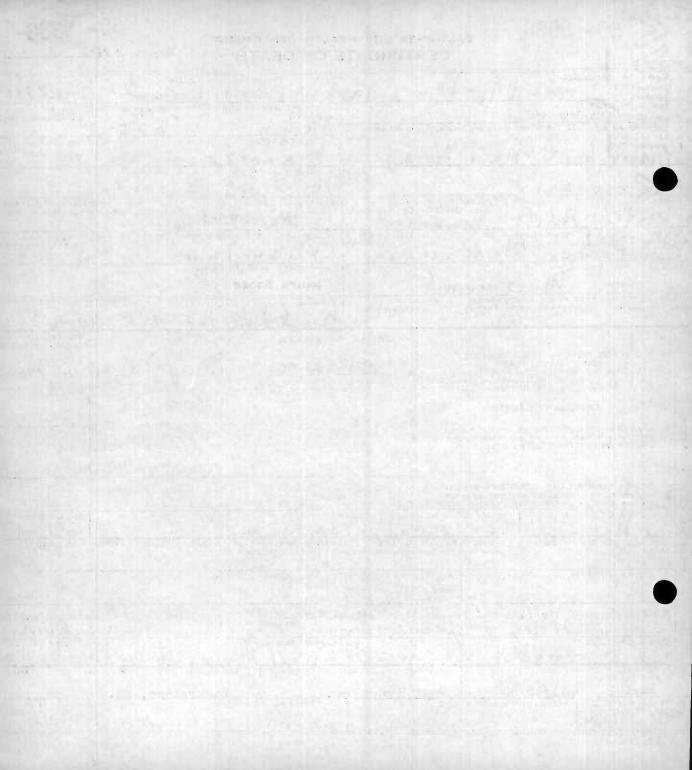


50- 9986

			BA			ALTH DEPART				3000
BIRTH N	0.			CERTIF	FICATE	OF DEAT	H	Registere	d No	
1. NAME	OF DECEA	SED	1	VI.				2. DATE	1	
(Type or l	Print)	mez	1/1	INY (	Jar	ence Os	scar	OF DEATH 2	1 h	TU.1950
	of DEATH		1			4. USUAL RESID		nere deceased lived		
B. FULL I	NAME OF	(If not in hos)	ital or instit	ution, give street		Jenn.		Torl		
INSTITUT	TION /	11	1	11	location)	CACITY OR TOWN	(If o	utside corporate li	mits, write	
Ch	urch	1 01	met	NOS1	Po	A gino	rer		V-3	township
				11	Yrs	D. STREET ADDR	ESS (If ru	ural, give location)	1	
		n Baltimore		15	Mos. Days	18 Sto	ck	Stree	1	
5. SEX	6.00	LOR OR RAC	E 7. SING	LE, MARRIED, WED, DIVORC	FDe (Specify)	8. DATE OF BIRTH	Н	9. AGE (In years	If Under 1 Y	car II Under 24 Hours
Ms	le	White	M	~ W v i e	C (Specify)	15 Marl	890	last offthday)	Months D	ays Hours Min.
10A USU.	AL DEGULA	TION (Give kind	of IOB. KIN	D OF BUSINE		11. BIRTHPLACE	State or fore	eign country)	12. CI	TIZEN OF
Con	duct	O V	R	ailwa	NDUSTRY	Max	v) 2	0	W	HAT COUNTRY
13 EATH	ER'S NAME	0		CA TOO G	10000	14. MOTHER'S MA	IDEN NAM	ME	1 U	.3.15.
1/20	rap	W.	1 100	a K	246 2 4 3	Laura Boo				
15. WAS D	ECEASED EVE	R IN U. S. ARM	ED FORCES?	I 16. SOCIAL						1
(Yes, no or ur	known) (If	yes, give war or de	tes of service)		ITY NO.	17. INFORMANT	0	22-5	ADDRES	s Md.
						178.2.A.	Reede	v 205 €	. Wel	vose ST.
18.	1937				CAUSE C	DE DEATH				TERVAL BETWEEN
I	DISEASE OF	CONDITION	DIRECTL	Y	( 00.	2/	h	1		AND DEATH
(Th	is does not r	nean the mode	of dying, e	g., (A)	cer	epral	116	COPIas	Sm	6± Mas.
nea inju	rt failure, ast	henia, etc. It m lication which	eans the dise caused dea	ase, th.) DUE TO				V		TO MAIN. MINING WAIN.
	ANTE	CEDENT CA	IEEE							
Z		CLDLINI CA	,,,,,	(B)						
DIS	EASES OR	ONDITIONS,	IF ANY, GIV	ING				******************************	- 040	, , , , , , , , , , , , , , , , , , , ,
A UN	DERLYING	CONDITION	LAST.	THE BOE TO						
9	7									
		11		(C)						
		HE DEATH, BU							-	
U TO	THE DISEASE	OR CONDITIO	N CAUSING	IT						***************************************
1 194	ATE OF OPE	FATION	198. MAJO	R FINDINGS	OF OPERA	TION			2	O. AUTOPSY?
0 210	CCIDENT, S	3 UICIDE	1874	2 pra	ne		1	1 72 141	1	ES NO
HOMIC		ecify)	about home	, farm, factory, stree	t, office bldg., etc	or V21c, WHERE D	R?	in Baltimore City	, give exa	ct location)
21D. T	IME (Month	) (Day) (Yea	r) (Hour)	21E. INJURY	OCCURRE	D 21F. HOW DID	INJURY	OCCUR?		
IN.	JURY			WHILE AT	NOT WHILE	7				
			m.	WORK L	AT WORK	1	7.1	1		
22. [	hereby cert	tify that I a	ttended the	e deceased fr	om 18	100. 1950	, to -1	10V., 19	50, that	I last saw the
		12/100	.,1950	and that de		ed at 10:15 m.	, from the	causes and on	the date	stated above.
284.5	IGNATURE	~ ~ () 1	1 X J	LATE	23	ADDRESS /		411	23c.	DATE SIGNED
24A BIL	HAL CREMA	24B. DATE	11.18	246 NAME OF	M. D.	Y OR CREMATORY	ome	1 Most	) 12)	var. 20
	VAL (Specify)			24C. NAME OF	CEMETER	ORCREMATORY	24b. Loc	CATION (City Nov	vii, or coun	ty) (State)
	rial	11/25/		Rest Ha			Hage	erstown, Ma	do	0
LOGALIR	SEIVED BY	REGISTRA	S SIGNAT	URE		25. FUNERAL PIR	ECTOR	1 01	ADDR	ESS A
MAA	441330	- Granda	theylow	Millians	LINE TO	Wm. Y.	12/12	were to	Mis=	sallo.
MILITY	7-7-12-12 III		- AB	_		7			4 / 7 /	Clos

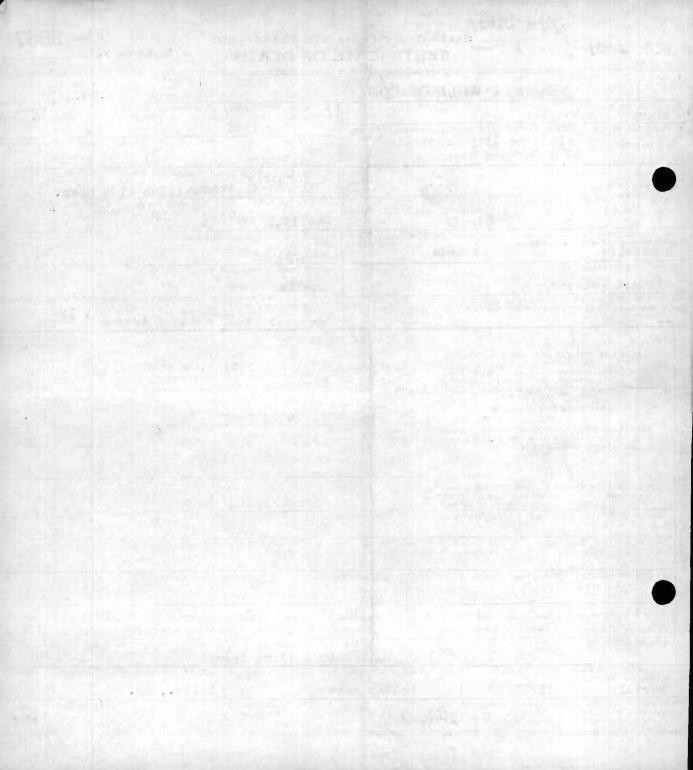
20350

054 to ma.



ERTIFICATION MEDICAL 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 4940 Eastern Avenue 11-21-50 NAME OF CEMETERY OR CREMATORY | 24D. LDCATION (City, town, or county) 24A. BURIAL, CREMA-24B. DATE 11/22/50 Loudon Park Balto., Md. Burial REGISTRAR'S SIGNATURE ADDRESS DATE RECEIVED BY 25 FUNERAL DIRECTOR LOCAL REGISTRAR Thentivator / Williams, Azil

VS 150



50- 9988 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE FRANK (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION SINAL HOSDITAL BALTIMOR E township) D. STREET ADDRES (If rural, give location) Yrs. Mos. hgth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months Days Hours Min. WIDOWED, DIMORCED (Specify) 10A. USOAL OCCUPATION (Give kind of IOB. KIND OF BUSINESS OR II. BURNHPLACE (State or foreign country) 12. CITIZEN OF work doos during most of worklog life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS no or unknowo) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Acute Myocardiel Infarction + Pulmonery Edena. LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES Arteriogeleratic Her DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION -19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) EDI HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?

2 ID. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED

WHILE ATT WIDEK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/ Novely 150, to 22 Nove, 19 5, That I last saw the deceased alive on 22 19 19 20 and that death occurred at 4:23 Am. from the causes and on the data stated above 23c. DATE SIGNED

ADDRESS

Lario	9011
DATE RECEIVED	BY

LOCAL REGISTRAR 21051

23A. SIGNATURE

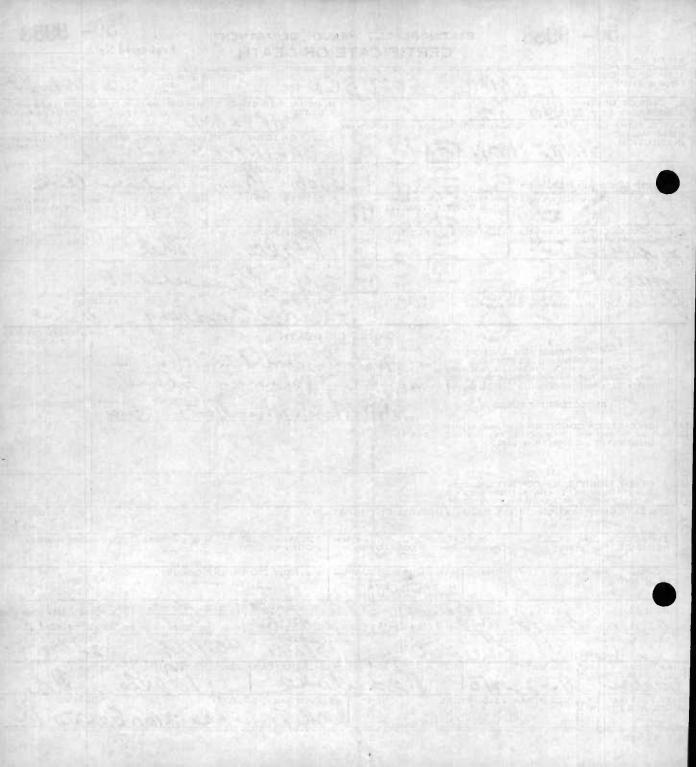
REGISTRAR'S SIGNATURE

hanting for

5. FUNERAL

238. ADDRESS

VS 150



50- 9989

	TY HEALTH DEPARTMENT	90:00
BIRTH NO. CERTIFIC	CATE OF DEATH Registered No	
1. NAME OF DECEASED (Type or Print)  MATTIE GOLDENBER	RY XLEIN   2. DATE OF OF DEATH 11/2.	0/1950
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If inc.	stitution : residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street ad	ddress or Mary LANd	
HVIO CARFORD AUE	C. CITY OR TOWN (If outside corporate limits,	township)
2-	Yrs. D. STREET ADDRESS (If rural, give location)	
gth of stay in Baltimore 20  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	Days 4210 WAKFORD HUE	ider I Year   If Under 24 Hours
FEMPLE WHITE WIDOWED DIVORCED		hs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)	OUSTRY 11. BIRTHPLACE (State or foreign country) 12	2. CITIZEN OF WHAT COUNTRY
TOUSE WORK	OTTUMWQ, LOWA	U.S.A.
Charles GOLDENBER9	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADD	DRESS
Yes, no or unknown) (If yes, give war or dates of service) SECURITY	Y NO.	LLOW AUE
18. 4 20. 1 . CA	USE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	D. A.	ONSET AND DEATH
(This does not mean the mode of dying, e.g., (A)	provary dellesion	5 MIN.
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO		
ANTECEDENT CAUSES	Redon Jon	140
DISEASES OR CONDITIONS, IF ANY, GIVING	orrore or as	10 413.
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
(c)		
11		
OTHER SIGNIFICANT CONDITIONS CON-		
TO THE DISEASE OR CONDITION CAUSING IT.	OPERATION	20, AUTOPSY?
0		YES NO
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, atreet, off		e exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OC	CCURRED 21F. HOW DID INJURY OCCUR?	
WHILE AT NO	OT WHILE	
22. I hereby certify that I attended the deceased from	n1936, to Nov. 70, 1950	that I last saw the
deceased alive on 05 . 26, 1950, and that death	h occurred at 7 Am., from the causes and on the	
23A. SIGNATURE Soldstone	238. ADDRESS Pl	ZBC. DATE SIGNED
24A. BURIAL, CREMA-1 24B. DATE 24C. NAME OF C	EMETERY OR CREMATORY   24D. LOCATION (City, town, or	county) (State)
BURIQL 11/22/50 HEBREW	FRIENDSHIP BRITIMORE	Mo
DATE RECEIVED BY REGISTRAR'S SIGNATURE COCAL REGISTRAR	25. FUNERAL DIRECTOR A	DDRESS
NOV 221950	My Vack LEWIS INC - 2100 Eus	THU PL
Vs 150		94a
7 Vs 150	2084	1900

Gelder Low 2 2

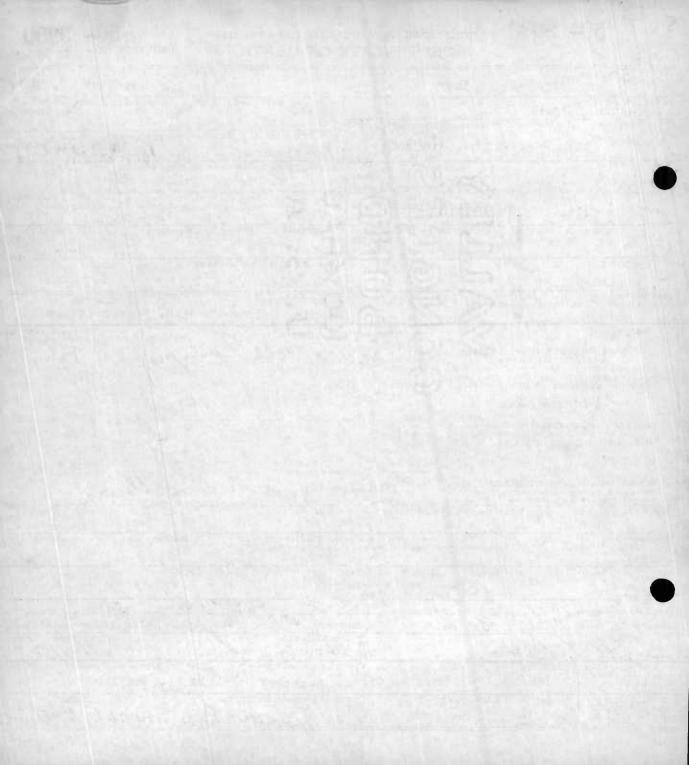
S60 50- 9990

Registered No. 9990 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE OF November 21,1950 (Type or Print) Abraham Weiner 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 4613 Park Heights Avenue Baltimore p. STREET ADDRESS (If rural, give location) Mos. 3904 W. Rogers Avenue gth of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (In years | H Under | Year | H Under 24 Hours last birthday) | Months: Days | Hours | Min. 8. DATE OF BIRTH 9. AGE (In years If Under 24 Hours WIDOWED DIVORCED (Specify) Male White 1877 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY Farmer Russia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Fannie Samuel Weiner 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Stanley Weiner- 3904 W. Rogers Avenue INTERVAL BETWEEN 18. DNSET AND DEATH EASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A, DATE OF OPERATION 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT , 1950, that I last saw the 22. I hereby certify that I attended the deceased from. . 1950 and that death occurred at\_ Pm., from the causes and on the date stated above. deceased alive on 23c. DATE SIGNED 23A. SONATURE 23B. ADDRESS 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-24B. DATE TION, REMOVAL (Specify Workmen Circle Cemetery | Baltimore, Maryland 11/22/50

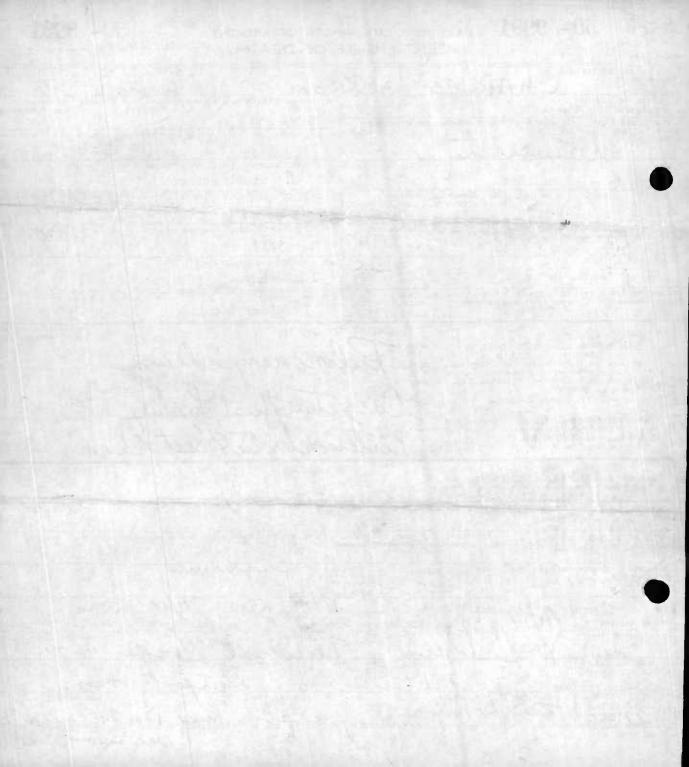
UR. 1124-26 W. North Che VS 150

REGISTRAR'S SIGNATURE

DATE RECEIVED BY



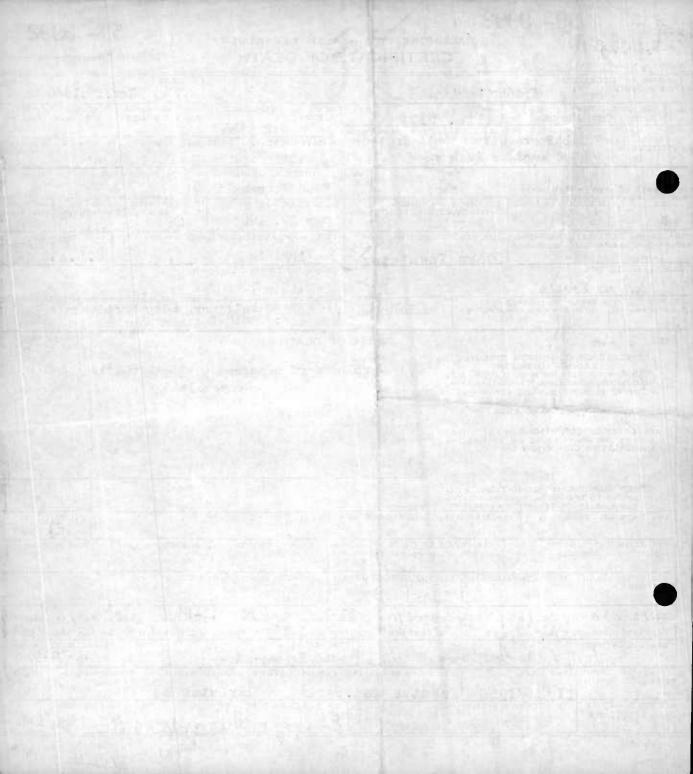
250 50-9991	BALTIMORE CITY H	EALTH DEPARTMENT	50-	9991
		E OF DEATH	Registered No.	an an an interest
1. NAME OF DECEASED AR	les Jack	Sall	2. DATE OF	10.00
3. PLACE OF DEATH: A. Baltimore City, Maryland	100	4. USUAL RESIDENCE (WHA. STATE	DEATH NOV. 19 nere deceased lived. If ins B. COUNTY	titution: residence before admission)
B. FULL NAME OF (If not in hospital or in HOSPITAL OR INSTITUTION	stitution, give street address of location		outside corporate limits, w	rite RURAL and give
c. of stay in Baltimore	Yrs. Mos.	b. STREET ADDRESS (If re 809 N. Gilmor Sti		
5. SEX   6. COLOR OR RACE 7. SI WI	Days NGLE, MARRIED, IDOWED, DIVORCED (Specify)	8. DATE OF BIRTH		s Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)   12	CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Walter Jackson	Bus.1	14. MOTHER'S MAIDEN NAM	ME	
15. WAS DECEASED EVER IN U. S. ARMED FORC Yee, no or unknown) (If yee, give wer or dates of servi	16. SOCIAL SECURITY NO. 212-12-7419	17. INFORMANT Hospital Recor		RESS
DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying heart failure, asthenia, etc. It means the injury or complication which caused ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST.	g, e.g., (A) Justines death.) DUE TD	estive Heart Friedlich He	lence failure part Des.	DNSET AND DEATH
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RE TO THE DISEASE OR CONDITION CAUSI	ELATED			
19a. DATE OF OPERATION 19B. MA	JOR FINDINGS OF OPER	RATION		20. AUTOPSY?
	. PLACE OF INJURY (e.g., i home, farm, factory, street, office bldg.,		in Baltimore City, give	exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURR  WHILE AT NOT WHILE WORK AT WORK		OCCUR?	
23A. SANATURE	50), and that death occur	rred at 3° Pm., from the	e causes and on the	hat I last saw the date stated above.
24A. BURIAL, CREMA- 24B. DATE ION, REMOVAL (Specify) Burial Nov 24 1950	Int. aufer	on West	foot m	d.
OCAL REGISTRAR VOV 2 2 1950		25. FUNERAL DIRECTOR	1200 Mac	Cullalt
VS 150	9702	4 09	13 Beltion	ore, me



# BALTIMORE CITY HEALTH DEPARTMENT

50-	9992
d No	

BIF	RTH NO.	960			CERTIFICAT	E OF DEATH	R	legistered N	0	
1.   (Ty	NAME OF D	ECEAS		ur Mart	in		2. DA	F War	18,1950	
B. F	Baltimore ( TULL NAME SPITAL OR STITUTION	OF Ba	Maryland (If not in hospit altimore )40 Easte	Balto alorinstituti City Ho rn Aven	on, give street address or Spitals location)	Baltimore	CE (Where deco	eased lived. If i COUNTY onnorate limits	before adn	nission
c.			Baltimore	8 Ye	Duys	p. STREET ADDRESS 906 W.Frank		re location)		
	M	6.COL	OR OR RACE		MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH May 27, 1902	lact	birthday) Mor	Under 1 Year   If Under ths Days   Hours	r 24 Hours H in.
ork d	Gang L FATHER'S	ende NAME		LOcke	OF BUSINESS OR INDUSTRY Insulator ACCLARA PRODUCT	Virginia Via. MOTHER'S MAIDE			U.S.A.	
15. Yes,	no or nuknown)	D EVER	IT U, S. ARMER a, give war or date	FORCES?	16. SOCIAL SECURITY NO.	Lillie ? 17. INFORMANTBal Records: 494	timore C O Easter	ity Hoss n Avenue	Prefe	
ERIIFICATION	(This does heart failus injury or DISEASE RISE TO TUNDERLY	LEAD on the mire, asthrough the complication of the ANTEC SOR COMPLETE AND COMPLETE	ING TO DEA's ean the mode centa, etc. It mee ceation which conditions, I over CAUSE (A) CONDITION LA	TH  of dying, e. g  f dying, e. g  of dying, e. g  saused death  SES  F ANY, GIVIN  STATING TH  STATING TH  STATING TH  ONLY  NOT RELATE	(B)	noma of pancre Gen	as with I	P1-01-1	is a 6 Mo	s.
AL.	19A. DATE C		RATION 1		FINDINGS OF OPER	ATION			20. AUTOF	PSY?
MED	22. I hereb	(Spec (Month) y certi- live on	(Day) (Year)	(Hour) m.	and that death occur	ED 21f. HOW DID IN 11-15, 19 50, to 12 ft. 19 50, to 13 ft. 13 ft. 19 ft	JURY OCCUI	R? , 19.50		aw the
PIOI	N REMOVAL (S PIAL TE RECEIVE TE RECEIVE VS 150	specify)	248. DATE II/22/I REGISTRAR	950 A	rbutus Mem.	Park A	rbutus		ADDRESS	(State)
					6903	5		04	69	



652 50- 9993 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.

## CERTIFICATE OF DEATH

50- 9993 Registered No.

1. NAME OF DECEASED Flager E Barnaga	2. DATE OF DEATH ///10/50
3. PLACE OF DEATH:  A. Baltimore City, Maryland 25 14 Round Cut	4. USUAL RESIDENCE (Where deceased lived if institution: residence A. STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution give street address or HOSPITAL OR location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give
INSTITUTION	Baltimore and 16-66 township
c. Igth of stay in Baltimore  Yrs. Mos. Days	o. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years if Under 1 Year it Under 24 Hours last birthday) Months; Days Hours; Min.
M W Mary A Bornes	July 13-1901 49 Months Days Hours Min.
10A. USUAL OCCUPATION (Givekindof 10B. KND OF BUSINESS OR INDUSTRY	1. BIFTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FALLER'S NAME	14. MOTHER'S MAIDEN NAME
Harris W. Barres	Bessie M. Kolas
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT
179-07-1189	Mary A Lames Mayner Rive.
7 10.11	OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	un Throndoni 3 days.
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES	To be C + Deseare 2 los.
DISEASES OR CONDITIONS, IF ANY, GIVING	7
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CON-	Lles := 10 del 31/10
TO THE DISEASE OR CONDITION CAUSING IT.	Thomas of the
19a. Date of operation 19b. Major findings of opera	ATION 20, AUTOPSY?
21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in about home, form, factory, etreet, office bldg., et	or 21C. WHERE DID (If in Baltimore City, give exact location)
210. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRE	D 21F. HOW DID INJURY OCCUR?
NJURY  MILE AT NOT WHILE AT NOT WHILE AT WORK AT WORK	7
22. I hereby certify that I attended the deceased from	7 19 44 to Her to 19 5 that I last saw th
deceased alive on 200 1950 and that death occurr	red at 93 m., from the causes and on the date stated above
23A. SIGNATURE Sheet Sheether M. B.	30 2 Swandson Ma 23c. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 240. LOCATION (City, town, or county) (State)
Barial 1/24/50 St Marys	Invou an Silver Kun Mcl.
DATE RECEIVED BY REGISTRAT SIGNATURE	25 FUNERAL DIRECTOR 19437 ADDRESS
NUV 221950	man I towell solmond son line
VS 150 Shochat 690 63	930

Flind F. Brand Columbia 24 The special and The Libert-City Law assert A groups I have the A CANADA TO A CANADA CANADA A CANADA C Later to the said A. Alk الدافيسيم والالانصافية الفاسم THE RESERVE THE PROPERTY AND ASSESSED. The state of the s 

00- 0004	DALLIMONE ON THE			0- 9994
BIRTH NO.	CERTIFICATE	OF DEATH	Registered	No.
1. NAME OF DECEASED (Type or Print)	in Dougha	9	2. DATE OF	11. 21/1900
3. PLACE OF DEATH:  A. Baltimore City, Maryland	Nougho	4. USUAL RESIDENCE (	Where deceased lived, I	f institution: residence before admission)
	or institution, give street address or location)	C. CITY OF TOWN	2	
SSS N. COUZ	. 0	Ballinoes	if outside corporate iim	its, write RURAL and give township)
	Yrs.	D. STREET ADDRESS (I	f rural, give location)	
gth of stay in Baltimore  6. SEX   6. COLOR OR RACE	7. SINGLE. MARRIED.	8. DATE OF BIRTH		il Under 1 Year   If Under 24 Hours
male White.	Marcied.	4/15/1878	last birthday) M	onths Days Hours Min.
OA. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)	108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. EATHER'S NAME	Bockley - Co	14. MOTHER'S MAIDEN	NAME	USA.
Locab - Dougla	7054	ENMA Plana	211/1	
5. WAS DECEASED EVER IN U.S. ARMED	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	,	ADDRESS
No.	18-05-6776)	Marie L. Ho	ug lds	INTERVAL BETWEEN
DISEASE OR CONDITION I	CAUSE	OF DEATH		ONSET AND DEATH
LEADING TO DEAT	Η /	rebral /ta	em onr las	o 6 days
heart failure, asthenia, etc. It mean injury or complication which co	is the disease,			
ANTECEDENT CAUS	ES , )		01/D.	
	(B)	1 Der Jensen	e 60, Uis	
DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAS	STATING THE DUE TO			
SI	(C)		***************************************	
11				
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT IT TO THE DISEASE OR CONDITION	NOT RELATED			
	B. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
	L ora Black of Indian	Late wiless sis	(le la Table Cit	YES NO P
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., io about home, farm, factory, street, office bldg., e		(lf in Baltimore City,	give exact location)
21D. TIME (Month) (Day) (Year)		D 21F. HOW DID INJU	RY OCCUR?	
	m. WHILE AT NOT WHILE		M 0 1	
22. I hereby eertify that I att	ended the deceased from	r. 15 , 1950, to	10 2 , 195	O, that I last saw the
deceased alive on Mov. 20		BB. ADDRESS	the eauses and on	the date stated above.
Colward L.	Harmon M.D.	4037 Hall	2 Oct.	11/22/50
24A. BURIAL, CREMA- ION, REMOVAL (Specify)	24c. NAME OF CEMETER	Y DR CREMATORY 24D.	LOCATION (City, town	n, or eounty) / (State)
Remation. NOU. 24	- 50 houdow PK. 6	Remotory /Ja	The Me	(
OCAL REGISTRAR	SIGNATURE	25. FUNERAL DIRECTOR	18 . 12	ADDRESS
11,99,201		Mulesper	Non 1000	Exchaed A.
VS 150	56424	1	093	d 17
	7	-	1	

Contraction of the contract of about the said of the termination of the termination and MEMBERS RESIDENCE STEEL STREET STREET STREET West March LINE SECTION OF THE S TATAL MARKET STATE OF THE STATE to delicate the same of the sa

50- 9995 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH / 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give JOHES ROPKIES EOSPITAL INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. 200 rth of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years) If Under 1 Year If Under 24 Hours -WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS Yes, no or unkoown) SECURITY NO ES HOPKIES HOSPITAL INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES L 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OE INJURY NOT WHILE 19 50 to 11 - 20 - 19 Sothat I last saw the 22. I hereby certify that I attended the deceased from L deceased alive on 11-20 1950 and that death occurred at 71 m., from the causes and on the date stated above, 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED M. D BURIAL CREMA-248. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL TRECTOR ADDRESS OCAL REGISTRAR VS 150

softe was

### BALTIMORE CITY HEALTH DEPARTMENT

50- 9996

R	IRTH NO.		E OF DEATH	Registered N	To
1.	NAME OF DECEASED ROS	a Goodman		2. DATE OF	-20-50
٠,	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (WE	DEATH nere deceased lived, If B. COUNTY	
H	FULL NAME OF (If not in hor OSPITAL OR NSTITUTION	spital or institution, give street address or location		utside corporate limit	s, write RURAL and gi
7 17	JUTHERAN !	Tosp. 0 19d1		there to	Lo
C.	ngth of stay in Baltimore		3 - 0 1/	ural, give location)	lue
5.	Elmeste White	CE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) Mo	under l Year If Under 24 Hours Min
10 wor	DA. USUAL OCCUPATION (Give kin k done during most of working life, even if reti	ndef 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for		12. CITIZEN OF WHAT COUNTR
	Recoewife B. FATHER'S NAME		Junuany		U.S. 4
1	Harry		Jertrull	ME	
15 (Ye	5. WAS DECEASED EVER IN U.S. AR es, no or unknown) (If yee, give war or	MED FORCES? dates of service) 16. SOCIAL SECURITY NO.	Ben Loodman	n- 3.329	Vreining
ICATION	DISEASE OR CONDITION  (This does not mean the mon heart failure, asthenia, etc. It injury or complication which will be a state of the	DN DIRECTLY DEATH de of dying, e.g., means the disease, ch caused death.)  AUSES  (B)  (B)  (A)  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO	bal Hemos tensine Carde	Nage	Valage
ERTIF	OTHER SIGNIFICANT COL TRIBUTING TO THE DEATH, E				
U	19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OPER	PATION		20. AUTOPSY?
AL	ISA. BATE OF GENATION D	Tool Mason Times of Or E.			YES NO
EDICA	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., about home, farm, factory, street, office bldg.,	n or 21c. WHERE DID (If etc.) INJURY OCCUR?	in Baltimore City, g	
2	21D. TIME (Month) (Day) (Your INJURY	OCCUR?			
	22. I hereby certify that I	attended the deceased from	17-50 19 to 11-	20-50.19	, that I last saw t
	deceased alive on 11- 20.		rred at ZIS Pm., from the		
	Harald X. Qu	hh M.D.	23B, ADDRESS	. 1 hed	23c. DATE SIGNE
Z TI	4A. BURIAL, CREMA- ON REMOVAL (Specify)	2/1900 FOS CLUBLE	RY OR CREMATORY 24D LO	GATION (Gity, town,	or county) (State
DL	ATE RECEIVED BY REGISTRA	AR'S SIGNATURE	25. FUNERAL DIRECTOR	2 0	ADDRESS

VS 150

50- 9997

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Joseph Kohlbus November 21, 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 2632 Hampden Avenue township) Baltimore D. STREET ADDRESS (If rural, give location) Mos. 2632 Hampden Avenue gth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (In years If Under 1 Year Il Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. male white Aug. 14. 1875 widowed 10A. USUAL OCCUPATION (Givekind of) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work doos during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Penna. R. R. Maryland Ret. Machinist 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Kohlbus 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or uokoown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, oo or uokoown) SECURITY NO. no Dorothy Kohlbus. 2632 Hampden Avenue 18. NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Osronary Heromboria 3 house Arteriocleratic C.V. diese 6 mos. LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY 1950 to Hov. 21, 1952, that I last saw the 22. I hereby certify that I attended the deceased from sandeceased alive on ker 20, 1950, and that death occurred at 1 h. m., from the causes and on the date stated above, 23B. ADDRESS 23A. SIGNATURE 23¢ DATE SIGNED LOCATION (City, town, or county) QN, REMOYAL (Specify Moreland Park Parkville. Md.

VS 150

burlal DATE RECEIVED BY

ADDRESS 1217 St. Paul Street

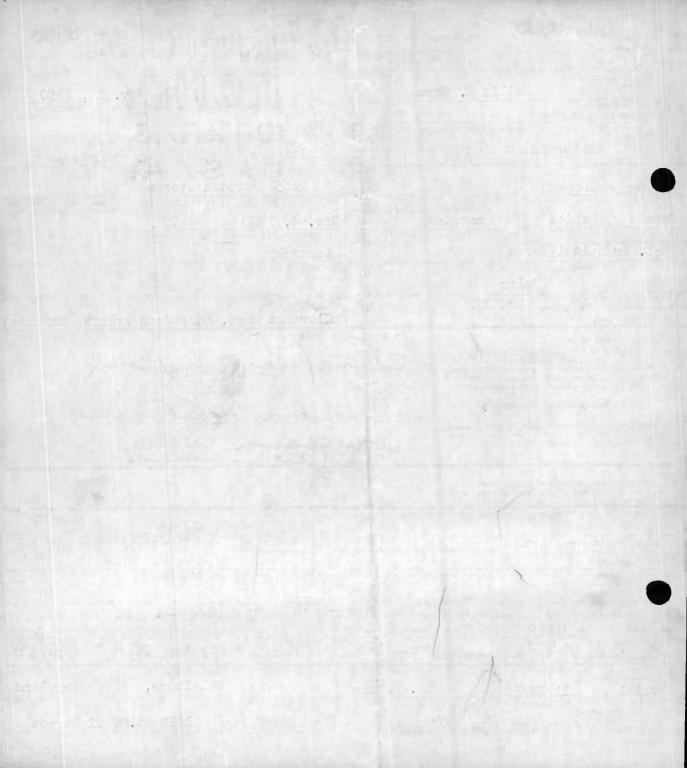
25. FUNERAL DIRECTOR

em vi sete all at 7 . Als vijens

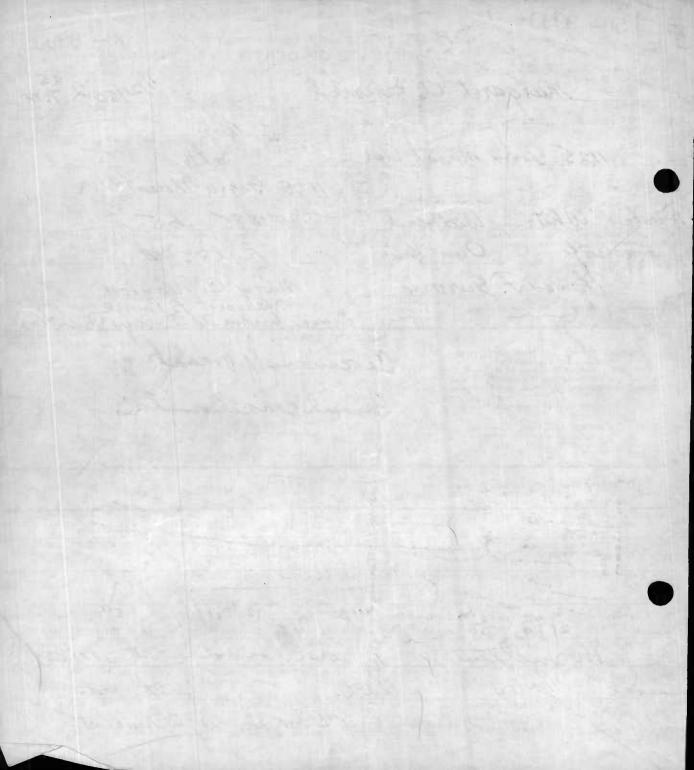
### BALTIMORE CITY HEALTH DEPARTMENT

50- 9998

BIRTH NO.			CERTIFICATI	E OF DEATH	Registered	No.
I. NAME OF D	ECEASED				2. DATE	
Type or Print)		lie M.	Nava		OF	20 7050
B. PLACE OF D			110.10	4. USUAL RESIDEN	CE (Where deceased lived, I	20, 1950
	City, Maryland			A. STATE	B. COUNTY	before admission
S. FULL NAME	OF (If not in hospital	al or institut	tion, give street address or location)	- W		
NSTITUTION	Ashburton Nu	reina I		C. CITY OR TOWN	(If outside curporate lim	its, write RURAL and giv
20	12021002 0012 110	r orne 1	TOMO	Baltimore	of 0 -	township
			Yrs.		5 (If rural, give location)	
e. gth of s	tay in Baltimore		Mos. Days	2605 Law	retta Avenue	
5. SEX	6. COLOR OR RACE		E. MARRIED.	8. DATE OF BIRTH	9. AGE (in years)	If Under 1 Year   If Under 24 Hours
female	white	marı	VED, DIVORCED (Specify)	Nov. 4, 1880	70	onths Days Hours Min.
OA. USUAL OC	CUPATION (Give kind of	10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (Sta		12. CITIZEN OF
ork done during most o	of working life, even if retired)		INDUSTRY	Kentucky		WHAT COUNTRY
3. FATHER'S				14. MOTHER'S MAID	ENL MANAGE	
				14. MOTHER'S MAIL	EN NAME	
	Eule					
o, no or unknown)	ED EVER IN U. S. ARMED (If yee, give war or dates	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
			SECONITI NO.	Clarence Nav	re, Edmondson Av	enue. Extended
18. 1	2 V		CAUSE	OF DEATH		INTERVAL BETWEEN
HISTAS	SE OR CONDITION	DIRECTIV	0,,002	OI DEATH	^	ONSET AND DEATH
	LEADING TO DEAT	TH	Colema	Oa alle on a	of Same Bay	n D
heart failu	not mean the mode ore, asthenia, etc. It mean	f dying, e. g ns the diseas	e. (A)		of dange Bor	
injury or	complication which ca	aused death	DUE TO			
	ANTECEDENT CAUS	ES		0 .	2	1
			(B)	estuc "	Heart Tar	leng
DISEASES RISE TO T	S OR CONDITIONS, 15 HE ABOVE CAUSE (A)	STATING TH	IG DUE TO			
UNDERLY	ING CONDITION LA	ST.	Perte	usclasti	CUMD	120000
			- Fen	, auren	o sclains	***************************************
	II II			72		
OTHER S	IGNIFICANT CONDITION TO THE DEATH, BUT	TIONS CON	1. D			
	ISEASE OR CONDITION					
19A. DATE O	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
						YES NO
21A. ACCID	ENT WAS UNDER-		ACE OF INJURY (e. g., in arm, factory, street, office bldg., e			give exact location)
CAUSE OF	R CONTRIBUTING DEATH	about mome,	at m, ractor y, sereot, omcomog., o	tc.) INJURY OCCUR?		
21D. TIME (	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE	D 21F. HOW DID II	NJURY OCCUR?	
NJURY			WHILE AT   NOT WHILE			
		m.	WORK L	Val	7	
22. I hereby	y certify that I att	ended the	deceased from	, 1914,	to NAV 20, 195	that I last saw th
deceased al	live on 1120	, 1950	and that death occur	red atm., f:	rom the causes and on t	the date stated above
234 SIGNAT	TURE		D. 1 2	3B. ADDRESS	ters four Rd	23c. DATE SIGNED
will	and cy	jup	M.D.	LS 11 reces v	45 Jours 140	11/21/50
4A. BURIAL, C	REMA- 24B. DATE		24c. NAME of CEMETE	RY OR CREMATORY 2	4D. LOCATION (City, town	n, or county) (State)
burial	11/24/50	)	St. Peters		Baltimore,	Maryland
ATE RECEIVE	D BY   REGISTRAR'S			25. FUNERAL DIREC	TOR	ADDRESS
OCAL REGIST	RAR	1-11	111.	N DO DET	7	
MUNT	India Junio	10/01	Wester 168	OUTE, 7	ne, 1217 St.	Paul Street
VS 150		4	761	GA		11110
			11 00 to de dece / f/6	1		0462



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 1. NAME OF DECEASED 2. DATE. Margaret a. Emrich (Type or Print) DEATH-3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION TREEN MOUNT Yrs. D. STREET ADDRESS (If rural, give location) Mos. Issen Mount War 1125 igth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years II Under 1 Year If Under 24 Hours WIDOWED DIVORCED last birthday) Months; Days Hours; Min. Widowed IOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF ork done wring most of working life, even if retired) INDUSTRY WHAT COUNTRY? NOW OF WY Bul & 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL AL PARDRESS Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY NOT WHILE WHILE AT AT WORK WORK 1950 to 111 22. I hereby certify that I attended the deceased from\_ 193 , that I last saw the deceased alive on 4 1950, and that death occurred at ...m., from the causes and on the date stated above. 23A\_SIGNATURE 23B. ADDRESS 23c. DATE SIGNED lin 100, REMOVAL (Specify) 24B. DATE 24c, NAME OF CEMET ourial DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR



G-6 50-19000

### BALTIMORE CITY HEALTH DEPARTMENT

50-19000

Registered 1 CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE Rosalie Garbo Nov. 21, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or Maryland B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 5332 Liberty Heights Avenue township) Baltimore D. STREET ADDRESS (If rural, give location) 5332 Liberty Heights Avenue gth of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (in years If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. female white widewed 10A. USUAL OCCUPATION (Givekindel) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? housewife Italy own home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Syracuse Lena 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. no Mrs. Jennie Miller, 5332 Liberty Heights 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY romic Bronchites LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DHE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY , 1950 to hor, 2/, 1950 that I last saw the 22. I hereby certify that I attended the deceased from Oct. 2 deceased alive on Mr. 20, 19 50, and that death occurred at\_ m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED 4A. BURIAL, CREMA-ON REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY New Cathedral Baltimore. Maryland burial ATE RECEIVED BY REGISTRAN'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS OCAL, REGISTRAR 1217 St. Paul Street